

For many
hypertensive patients

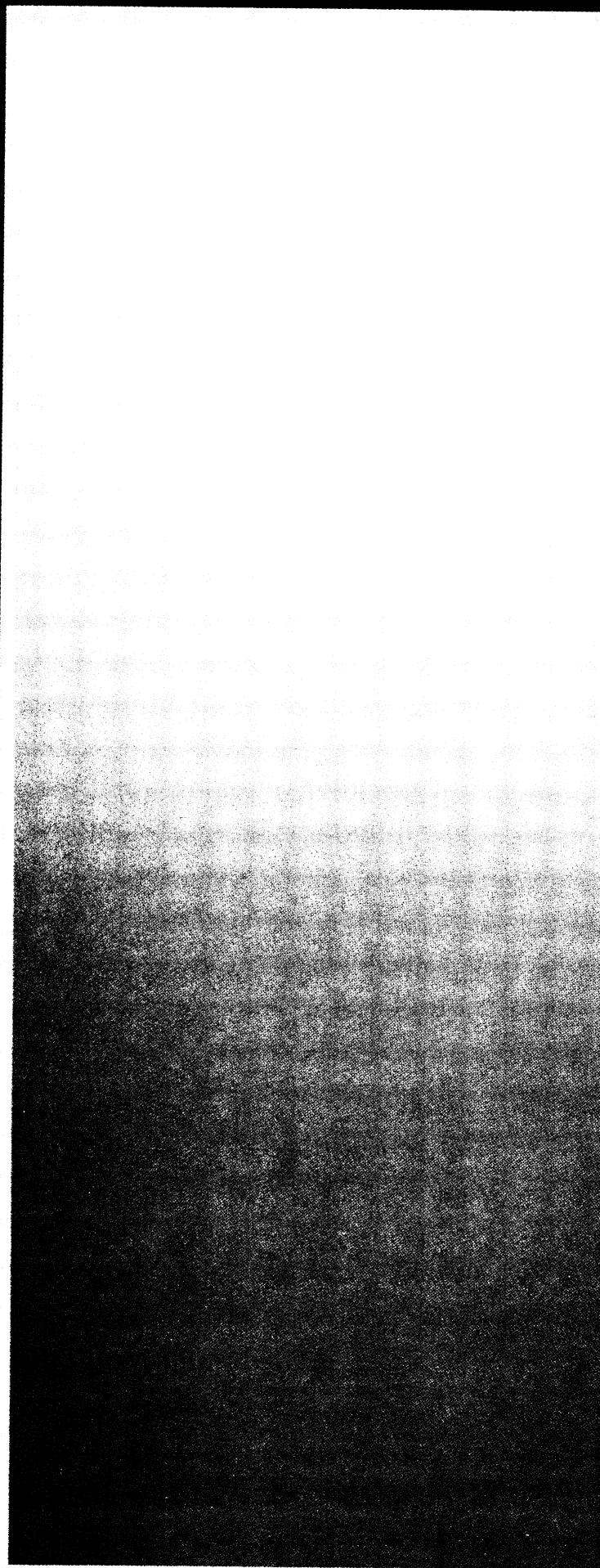
THERAPY THAT MAY BE AS SILENT AS THE HYPERTENSION ITSELF

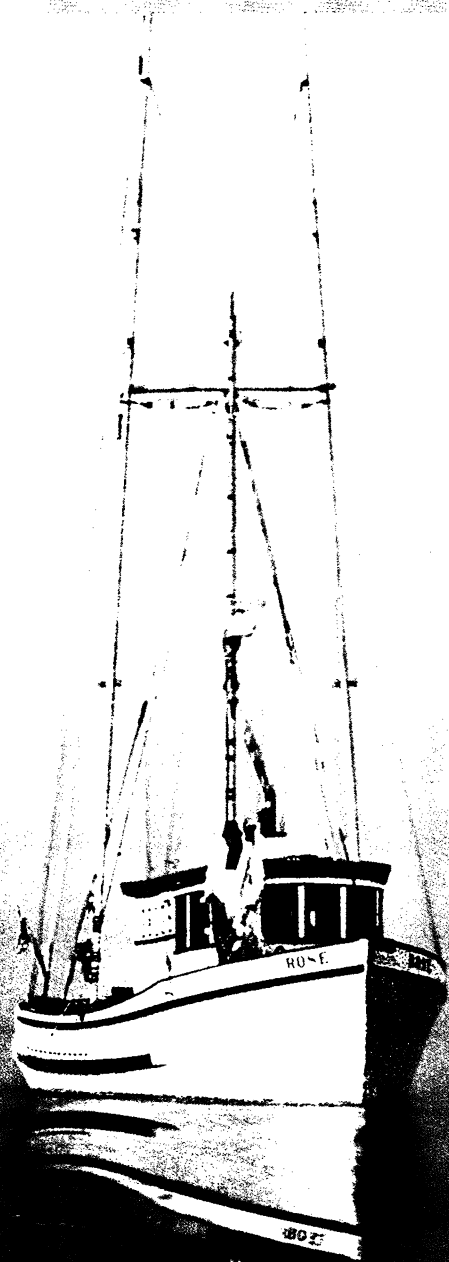
VASOTEC® (Enalapril Maleate, MSD)
is generally well tolerated and
not characterized by certain
undesirable effects associated
with selected agents in other
antihypertensive classes.

VASOTEC is contraindicated in patients who are
hypersensitive to this product and in patients with a
history of angioedema related to previous treatment
with an ACE inhibitor.

For a Brief Summary of Prescribing Information, please
see the last page of this advertisement.

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VASOTEC[®]
(ENALAPRIL MALEATE | MSD)



VASOTEC

(ENALAPRIL MALEATE | MSD)

VASOTEC is available in 2.5-mg, 5-mg, 10-mg, and 20-mg tablet strengths

Contraindications: VASOTEC® (Enalapril Maleate, MSD) is contraindicated in patients who are hypersensitive to this product and in patients with a history of angioedema related to previous treatment with an ACE inhibitor.

Warnings: **Angioedema:** Angioedema of the face, extremities, lips, tongue, glottis, and/or larynx has been reported in patients treated with ACE inhibitors, including VASOTEC. In such cases, VASOTEC should be promptly discontinued and the patient carefully observed until the swelling disappears. In instances where swelling has been confined to the face and lips, the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms. Angioedema associated with laryngeal edema may be fatal. **Where there is involvement of the tongue, glottis, or larynx likely to cause airway obstruction, appropriate therapy, e.g., subcutaneous epinephrine solution 1:1000 (0.3 mL to 0.5 mL), should be promptly administered.** (See ADVERSE REACTIONS.)

Hypotension: Excessive hypotension is rare in uncomplicated hypertensive patients treated with VASOTEC alone. Patients with heart failure given VASOTEC commonly have some reduction in blood pressure, especially with the first dose, but discontinuation of therapy for continuing symptomatic hypotension usually is not necessary when dosing instructions are followed; caution should be observed when initiating therapy. (See DOSAGE AND ADMINISTRATION.) Patients at risk for excessive hypotension, sometimes associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death, include those with the following conditions or characteristics: heart failure, hyponatremia, high-dose diuretic therapy, recent intensive diuresis or increase in diuretic dose, renal dialysis, or severe volume and/or salt depletion of any etiology. It may be advisable to eliminate the diuretic (except in patients with heart failure), reduce the diuretic dose, or increase salt intake cautiously before initiating therapy with VASOTEC in patients at risk for excessive hypotension who are able to tolerate such adjustments. (See PRECAUTIONS, Drug Interactions and ADVERSE REACTIONS.) In patients at risk for excessive hypotension, therapy should be started under very close medical supervision and such patients should be followed closely for the first two weeks of treatment and whenever the dose of enalapril and/or diuretic is increased. Similar considerations may apply to patients with ischemic heart disease or cardiovascular disease in whom an excessive fall in blood pressure could result in a myocardial infarction or cerebrovascular accident. If excessive hypotension occurs, the patient should be placed in the supine position and, if necessary, receive an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further doses of VASOTEC, which usually can be given without difficulty once the blood pressure has stabilized. If symptomatic hypotension develops, a dose reduction or discontinuation of VASOTEC or concomitant diuretic may be necessary.

Neutropenia/Agranulocytosis: Another ACE inhibitor, captopril, has been shown to cause agranulocytosis and bone marrow depression, rarely in uncomplicated patients but more frequently in patients with renal impairment, especially if they also have a collagen vascular disease. Available data from clinical trials of enalapril are insufficient to show that enalapril does not cause agranulocytosis at similar rates. Foreign marketing experience has revealed several cases of neutropenia or agranulocytosis in which a causal relationship to enalapril cannot be excluded. Periodic monitoring of white blood cell counts in patients with collagen vascular disease and renal disease should be considered.

Precautions: **General:** **Impaired Renal Function:** As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may be anticipated in susceptible individuals. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with ACE inhibitors, including VASOTEC, may be associated with oliguria and/or progressive azotemia and rarely with acute renal failure and/or death.

In clinical studies in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in blood urea nitrogen and serum creatinine were observed in 20% of patients. These increases were almost always reversible upon discontinuation of enalapril and/or diuretic therapy. In such patients, renal function should be monitored during the first few weeks of therapy.

Some patients with hypertension or heart failure with no apparent preexisting renal vascular disease have developed increases in blood urea and serum creatinine, usually minor and transient, especially when VASOTEC has been given concomitantly with a diuretic. This is more likely to occur in patients with preexisting renal impairment. Dosage reduction and/or discontinuation of the diuretic and/or VASOTEC may be required.

Evaluation of patients with hypertension or heart failure should always include assessment of renal function. (See DOSAGE AND ADMINISTRATION.)

Hyperkalemia: Elevated serum potassium (>5.7 mEq/L) was observed in approximately 1% of hypertensive patients in clinical trials. In most cases these were isolated values which resolved despite continued therapy. Hyperkalemia was a cause of discontinuation of therapy in 0.28% of hypertensive patients. In clinical trials in heart failure, hyperkalemia was observed in 3.8% of patients, but was not a cause for discontinuation.

Risk factors for the development of hyperkalemia include renal insufficiency, diabetes mellitus, and the concomitant use of potassium-sparing diuretics, potassium supplements, and/or potassium-containing salt substitutes, which should be used cautiously, if at all, with VASOTEC. (See Drug Interactions.)

Surgery/Anesthesia: In patients undergoing major surgery or during anesthesia with agents that produce hypotension, enalapril may block angiotensin II formation secondary to compensatory renin release. If hypotension occurs and is considered to be due to this mechanism, it can be corrected by volume expansion.

Information for Patients:

Angioedema: Angioedema, including laryngeal edema, may occur especially following the first dose of enalapril. Patients should be so advised and told to report immediately any signs or symptoms suggesting angioedema (swelling of face, extremities, eyes, lips, tongue, difficulty in swallowing or breathing) and to take no more drug until they have consulted with the prescribing physician.

Hypotension: Patients should be cautioned to report lightheadedness, especially during the first few days of therapy. If actual syncope occurs, the patients should be told to discontinue the drug until they have consulted with the prescribing physician.

All patients should be cautioned that excessive perspiration and dehydration may lead to an excessive fall in blood pressure because of reduction in fluid volume. Other causes of volume depletion such as vomiting or diarrhea may also lead to a fall in blood pressure; patients should be advised to consult with the physician.

Hyperkalemia: Patients should be told not to use salt substitutes containing potassium without consulting their physician.

Neutropenia: Patients should be told to report promptly any indication of infection (e.g., sore throat, fever) which may be a sign of neutropenia.

NOTE: As with many other drugs, certain advice to patients being treated with enalapril is warranted. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Drug Interactions:

Hypotension: Patients on Diuretic Therapy: Patients on diuretics and especially those in whom diuretic therapy was recently instituted may occasionally experience an excessive reduction of blood pressure after initiation of therapy with enalapril. The possibility of hypotensive effects with enalapril can be minimized by either discontinuing the diuretic or increasing the salt intake prior to initiation of treatment with enalapril. If it is necessary to continue the diuretic, provide close medical supervision after the initial dose for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and DOSAGE AND ADMINISTRATION.)

Agents Causing Renin Release: The antihypertensive effect of VASOTEC is augmented by antihypertensive agents that cause renin release (e.g., diuretics).

Other Cardiovascular Agents: VASOTEC has been used concomitantly with beta-adrenergic-blocking agents, methyldopa, nitrates, calcium-blocking agents, hydralazine, prazosin, and digoxin without evidence of clinically significant adverse interactions.

Agents Increasing Serum Potassium: VASOTEC attenuates potassium loss caused by thiazide-type diuretics. Potassium-sparing diuretics (e.g., spironolactone, triamterene, or amiloride), potassium supplements, or potassium-containing salt substitutes may lead to significant increases in serum potassium. Therefore, if concomitant use of these agents is indicated because of demonstrated hypokalemia, they should be used with caution and with frequent monitoring of serum potassium. Potassium-sparing agents should generally not be used in patients with heart failure receiving VASOTEC.

Lithium: Lithium toxicity has been reported in patients receiving lithium concomitantly with drugs which cause elimination of sodium, including ACE inhibitors. A few cases of lithium toxicity have been reported in patients receiving concomitant VASOTEC and lithium and were reversible upon discontinuation of both drugs. It is recommended that serum lithium levels be monitored frequently if enalapril is administered concomitantly with lithium.

Pregnancy—Category C: There was no fetotoxicity or teratogenicity in rats treated with up to 200 mg/kg/day of enalapril (333 times the maximum human dose). Fetotoxicity, expressed as a decrease in average fetal weight, occurred in rats given 1200 mg/kg/day of enalapril but did not occur when these animals were supplemented with saline. Enalapril was not teratogenic in rabbits. However, maternal and fetal toxicity occurred in some rabbits at doses of 1 mg/kg/day or more. Saline supplementation prevented the maternal and fetal toxicity seen at doses of 3 and 10 mg/kg/day, but not at 30 mg/kg/day (50 times the maximum human dose).

Radioactivity was found to cross the placenta following administration of labeled enalapril to pregnant hamsters. There are no adequate and well-controlled studies of enalapril in pregnant women. However, data are available that

show enalapril crosses the human placenta. Because the risk of fetal toxicity with the use of ACE inhibitors has not been clearly defined, VASOTEC® (Enalapril Maleate, MSD) should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Postmarketing experience with all ACE inhibitors thus far suggests the following with regard to pregnancy outcome. Inadvertent exposure limited to the first trimester of pregnancy has not been reported to affect fetal outcome adversely. Fetal exposure during the second and third trimesters of pregnancy has been associated with fetal and neonatal morbidity and mortality.

When ACE inhibitors are used during the later stages of pregnancy, there have been reports of hypotension and decreased renal perfusion in the newborn. Oligohydramnios in the mother has also been reported, presumably representing decreased renal function in the fetus. Infants exposed *in utero* to ACE inhibitors should be closely observed for hypotension, oliguria, and hyperkalemia. If oliguria occurs, attention should be directed toward support of blood pressure and renal perfusion with the administration of fluids and pressors as appropriate. Problems associated with prematurity such as patent ductus arteriosus have occurred in association with maternal use of ACE inhibitors, but it is not clear whether they are related to ACE inhibition, maternal hypotension, or the underlying prematurity.

Nursing Mothers: Milk in lactating rats contains radioactivity following administration of 14 C enalapril maleate. It is not known whether this drug is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when VASOTEC is given to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Adverse Reactions: VASOTEC has been evaluated for safety in more than 10,000 patients, including over 1000 patients treated for one year or more. VASOTEC has been found to be generally well tolerated in controlled clinical trials involving 2987 patients.

HYPERTENSION: The most frequent clinical adverse experiences in controlled trials were: headache (5.2%), dizziness (4.3%), and fatigue (3%).

Other adverse experiences occurring in greater than 1% of patients treated with VASOTEC in controlled clinical trials were: diarrhea (1.4%), nausea (1.4%), rash (1.4%), cough (1.3%), orthostatic effects (1.2%), and asthenia (1.1%).

HEART FAILURE: The most frequent clinical adverse experiences in both controlled and uncontrolled trials were: dizziness (7.9%), hypotension (6.7%), orthostatic effects (2.2%), syncope (2.2%), cough (2.2%), chest pain (2.1%), and diarrhea (2.1%).

Other adverse experiences occurring in greater than 1% of patients treated with VASOTEC in both controlled and uncontrolled clinical trials were: fatigue (1.8%), headache (1.8%), abdominal pain (1.6%), asthenia (1.6%), orthostatic hypotension (1.6%), vertigo (1.6%), angina pectoris (1.5%), nausea (1.3%), vomiting (1.3%), bronchitis (1.3%), dyspnea (1.3%), urinary tract infection (1.3%), rash (1.3%), and myocardial infarction (1.2%).

Other serious clinical adverse experiences occurring since the drug was marketed or adverse experiences occurring in 0.5% to 1% of patients with hypertension or heart failure in clinical trials in order of decreasing severity within each category:

Cardiovascular: Cardiac arrest, myocardial infarction or cerebrovascular accident, possibly secondary to excessive hypotension in high-risk patients (see WARNINGS, Hypotension); cardiac arrest, pulmonary embolism and infarction, rhythm disturbances, atrial fibrillation; palpitation.

Digestive: Ileus, pancreatitis, hepatitis or cholestatic jaundice, melena, anorexia, dyspepsia, constipation, glossitis, stomatitis.

Musculoskeletal: Muscle cramps.

Nervous/Psychiatric: Depression, confusion, ataxia, somnolence, insomnia, nervousness, paresthesia.

Urogenital: Renal failure, oliguria, renal dysfunction (see PRECAUTIONS and DOSAGE AND ADMINISTRATION).

Respiratory: Bronchospasm, rhinorrhea, sore throat and hoarseness, asthma, upper respiratory infection.

Skin: Herpes zoster, urticaria, pruritus, alopecia, flushing, hyperhidrosis.

Special Senses: Blurred vision, taste alteration, tinnitus.

A symptom complex has been reported which may include a positive ANA, an elevated erythrocyte sedimentation rate, arthralgias/arthritis, myalgias, fever, serositis, vasculitis, leukocytosis, eosinophilia, photosensitivity, rash, and other dermatologic manifestations.

Angioedema: Angioedema has been reported in patients receiving VASOTEC (0.2%). Angioedema associated with laryngeal edema may be fatal. If angioedema of the face, extremities, lips, tongue, glottis, and/or larynx occurs, treatment with VASOTEC should be discontinued and appropriate therapy instituted immediately. (See WARNINGS.)

Hypotension: In the hypertensive patients, hypotension occurred in 0.9% and syncope occurred in 0.5% of patients following the initial dose or during extended therapy. Hypotension or syncope was a cause for discontinuation of therapy in 0.1% of hypertensive patients. In heart failure patients, hypotension occurred in 6.7% and syncope occurred in 2.2% of patients. Hypotension or syncope was a cause for discontinuation of therapy in 1.9% of patients with heart failure. (See WARNINGS.)

Clinical Laboratory Test Findings:

Serum Electrolytes: Hyperkalemia (see PRECAUTIONS), hyponatremia.

Creatinine, Blood Urea Nitrogen: In controlled clinical trials, minor increases in blood urea nitrogen and serum creatinine, reversible upon discontinuation of therapy, were observed in about 0.2% of patients with essential hypertension treated with VASOTEC alone. Increases are more likely to occur in patients receiving concomitant diuretics or in patients with renal artery stenosis. (See PRECAUTIONS.) In patients with heart failure who were also receiving diuretics with or without digitalis, increases in blood urea nitrogen or serum creatinine, usually reversible upon discontinuation of VASOTEC and/or other concomitant diuretic therapy, were observed in about 11% of patients. Increases in blood urea nitrogen or creatinine were a cause for discontinuation in 1.2% of patients.

Hemoglobin and Hematocrit: Small decreases in hemoglobin and hematocrit (mean decreases of approximately 0.3 g and 1.0 vol %, respectively) occur frequently in either hypertension or heart failure patients treated with VASOTEC but are rarely of clinical importance unless another cause of anemia coexists. In clinical trials, less than 0.1% of patients discontinued therapy due to anemia.

Other (Causal Relationship Unknown): In marketing experience, rare cases of neutropenia, thrombocytopenia, and bone marrow depression have been reported. A few cases of hemolysis have been reported in patients with G6PD deficiency.

Liver Function Tests: Elevations of liver enzymes and/or serum bilirubin have occurred.

Dosage and Administration: Hypertension: In patients who are currently being treated with a diuretic, symptomatic hypotension occasionally may occur following the initial dose of VASOTEC. The diuretic should, if possible, be discontinued for two to three days before beginning therapy with VASOTEC to reduce the likelihood of hypotension. (See WARNINGS.) If the patient's blood pressure is not controlled with VASOTEC alone, diuretic therapy may be resumed.

If the diuretic cannot be discontinued, an initial dose of 2.5 mg should be used under medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and PRECAUTIONS, Drug Interactions.)

The recommended initial dose in patients not on diuretics is 5 mg once a day. Dosage should be adjusted according to blood pressure response. The usual dosage range is 10 to 40 mg per day administered in a single dose or in two divided doses. In some patients treated once daily, the antihypertensive effect may diminish toward the end of the dosing interval. In such patients, an increase in dosage or twice-daily administration should be considered. If blood pressure is not controlled with VASOTEC alone, a diuretic may be added.

Concomitant administration of VASOTEC with potassium supplements, potassium salt substitutes, or potassium-sparing diuretics may lead to increases of serum potassium (see PRECAUTIONS).

Dosage Adjustment in Hypertensive Patients with Renal Impairment: The usual dose of enalapril is recommended for patients with a creatinine clearance > 30 mL/min (serum creatinine of up to approximately 3 mg/dL). For patients with creatinine clearance ≤ 30 mL/min (serum creatinine > 3 mg/dL), the first dose is 2.5 mg once daily. The dosage may be titrated upward until blood pressure is controlled or to a maximum of 40 mg daily.

Heart Failure: VASOTEC is indicated as adjunctive therapy with diuretics and digitalis. The recommended starting dose is 2.5 mg once or twice daily. After the initial dose of VASOTEC, the patient should be observed under medical supervision for at least two hours and until blood pressure has stabilized for at least an additional hour. (See WARNINGS and PRECAUTIONS, Drug Interactions.) If possible, the dose of the diuretic should be reduced, which may diminish the likelihood of hypotension. The appearance of hypotension after the initial dose of VASOTEC does not preclude subsequent careful dose titration with the drug, following effective management of the hypotension. The usual therapeutic dosing range for the treatment of heart failure is 5 to 20 mg daily given in two divided doses. The maximum daily dose is 40 mg. Once-daily dosing has been effective in a controlled study, but nearly all patients in this study were given 40 mg, the maximum recommended daily dose, and there has been much more experience with twice-daily dosing. In addition, in a placebo-controlled study which demonstrated reduced mortality in patients with severe heart failure (NYHA Class IV), patients were treated with 2.5 to 40 mg per day of VASOTEC, almost always administered in two divided doses. (See CLINICAL PHARMACOLOGY, Pharmacodynamics and Clinical Effects.) Dosage may be adjusted depending upon clinical or hemodynamic response. (See WARNINGS.)

Dosage Adjustment in Patients with Heart Failure and Renal Impairment or Hyponatremia: In patients with heart failure who have hyponatremia (serum sodium < 130 mEq/L) or with serum creatinine > 1.6 mg/dL, therapy should be initiated at 2.5 mg daily under close medical supervision. (See DOSAGE AND ADMINISTRATION, Heart Failure, WARNINGS, and PRECAUTIONS, Drug Interactions.) The dose may be increased to 2.5 mg b.i.d., then 5 mg b.i.d. and higher as needed, usually at intervals of four days or more, if at the time of dosage adjustment there is not excessive hypotension or significant deterioration of renal function. The maximum daily dose is 40 mg.

For more detailed information, consult your MSD Representative or see Prescribing Information, Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, PA 19386.

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For treatment of diabetes:

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With Human Insulin

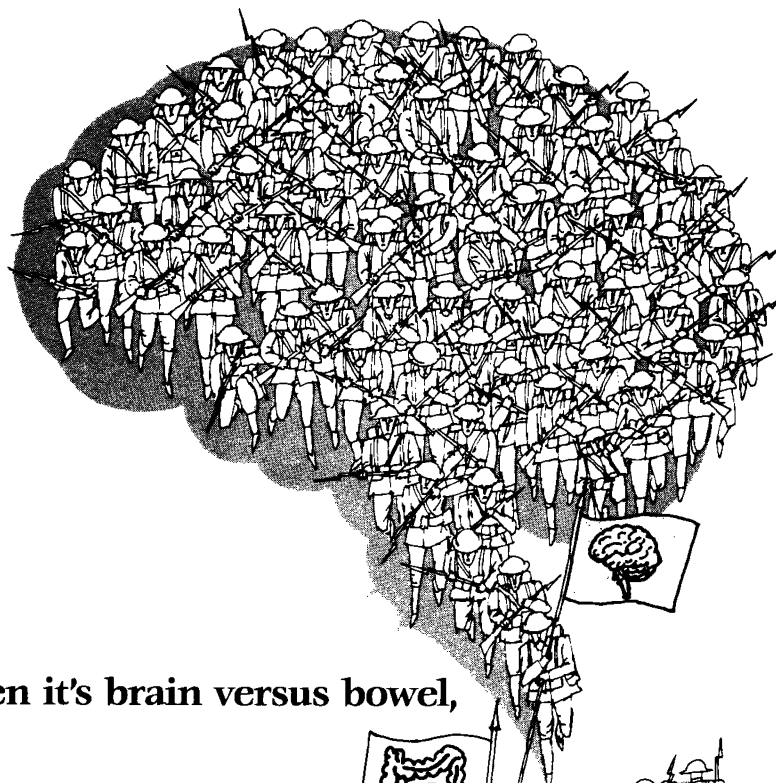


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under medical supervision.*



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state's
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statement
on your
prescription.

In IBS,* when it's brain versus bowel,



**IT'S TIME
FOR THE
PEACEMAKER.**

In irritable bowel syndrome,* intestinal discomfort will often erupt in tandem with anxiety—launching a cycle of brain/bowel conflict. Make peace with Librax. Because of possible CNS effects, caution patients about activities requiring complete mental alertness.

*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

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Each capsule contains 5 mg chlordiazepoxide
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S	— Schedule			Number	0001
		26 Charges :	1391.20	VEN	MI E
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R	— Reports / Forms	Adjustments			
T	— Tables	3 Credits :	-132.00		
B	— Backup / Modem	3 Debits :	132.00		
X	— Exit	Bills			
		5 Forms :	1210.06		
		State			
		\$ of visits :	10		
		Avg. Cost/Visit :	139.12		
		Collection Ratio:	56.50		

Patient History	
2 CHG A	04-12-88 70
1 NOTE	04-15-88 PR
10 CHG P	04-26-88 90
17 PWMT P	04-26-88 1
30 BILL A	04-26-88 BI

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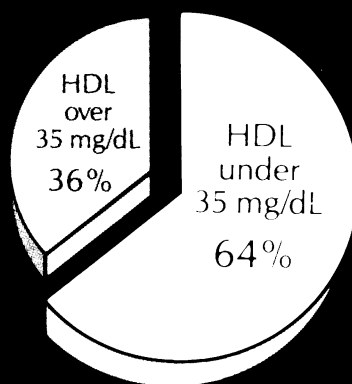
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What's a common
denominator
of most heart
attack victims?

HDL < 35 mg/dL

Mixed hyperlipidemias—elevated cholesterol and triglycerides—are common among heart attack victims,¹ and nearly two-thirds of people who developed myocardial infarction in the PROCAM Trial had a low (<35 mg/dL) baseline level of HDL cholesterol.²

HEART ATTACK PATIENTS
(PROCAM TRIAL)²



PARKE-DAVIS

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A powerful case for **LOPID**[®] (gemfibrozil) **BID** 600-mg Tablets

Raised low HDL 25%

—in patients whose baseline HDL was below
35 mg/dL in the landmark Helsinki Heart Study (HHS).³

Reduced heart attack incidence* up to 62%

—in these HHS patients and 45% in HHS patients whose
baseline HDL was below the median (46.4 mg/dL). Incidence
of serious coronary events was similar for LOPID and placebo
subgroups with baseline HDL above the median (46.4 mg/dL).³

Raised HDL levels 1½ to 3 times more effectively than lovastatin

—in a 12-week, double-blind, randomized trial among
patients with moderate to severe hyperlipidemia.
Lovastatin achieved greater reductions in total serum
cholesterol than gemfibrozil in this study population.⁴

RAISES HDL DRAMATICALLY REDUCES HEART ATTACK

LOPID is indicated for reducing the risk of coronary heart disease
(CHD) in Type IIb patients with low HDL, in addition to elevated LDL
and triglycerides, and who have had an inadequate response to weight
loss, diet, exercise, and other pharmacologic agents such as bile acid
sequestrants and nicotinic acid.

*Defined as a combination of definite coronary death and/or definite
myocardial infarction.

References: 1. Goldstein JL, Hazzard WR, Schrott HG, Bierman EL, Motulsky AG. Hyperlipidemia in
coronary heart disease. I. Lipid levels in 500 survivors of myocardial infarction. *J Clin Invest.*
1973;52:1533-1543. 2. Assmann G, Schulte H. *PROCAM-Trial: Prospective Cardiovascular Münster
Trial.* Zürich: Panscientia Verlag; 1986:8-9. 3. Data on file, Medical Affairs Dept, Parke-Davis
4. Tikkanen MJ, Helve E, Jäätelä A, et al. Comparison between lovastatin and gemfibrozil in the
treatment of primary hypercholesterolemia: the Finnish Multicenter Study. *Am J Cardiol.*
1988;62:35J-43J.

Please see last page of this advertisement for warnings, contraindications, and
brief summary of prescribing information.

Lipid® (Gemfibrozil Capsules and Tablets)

Before prescribing, please see full prescribing information.

A Brief Summary follows.

CONTRAINDICATIONS. 1. Hepatic or severe renal dysfunction, including primary biliary cirrhosis.
2. Preexisting gallbladder disease (See WARNINGS).
3. Hypersensitivity to gemfibrozil.

WARNINGS. 1. Because of chemical, pharmacological, and clinical similarities between gemfibrozil and clofibrate, the adverse findings with clofibrate in two large clinical studies may also apply to gemfibrozil. In the first of those studies, the Coronary Drug Project, 1000 subjects with previous myocardial infarction were treated for five years with clofibrate. There was no difference in mortality between the clofibrate-treated subjects and 3000 placebo-treated subjects, but twice as many clofibrate-treated subjects developed cholelithiasis and cholecystitis requiring surgery. In the other study, conducted by the World Health Organization (WHO), 5000 subjects without known coronary heart disease were treated with clofibrate for five years and followed one year beyond. There was a statistically significant, 29%, higher total mortality in the clofibrate-treated than in a comparable placebo-treated control group. The excess mortality was due to a 33% increase in noncardiovascular causes, including malignancy, post-cholecystectomy complications, and pancreatitis. The higher risk of clofibrate-treated subjects for gallbladder disease was confirmed.

During the Helsinki Heart Study and in the 1½ year follow-up period since the trial was completed, mortality from any cause was 59 (2.9%) in the Lipid group and 55 (2.7%) in the placebo group. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lipid group and 43 in the placebo group. Because of the more limited size of the Helsinki Heart Study, this result is not statistically significantly different from the 29% excess mortality seen in the clofibrate group in the separate WHO study. Noncoronary heart disease related mortality showed a 58% greater trend in the Lipid group (43 vs 27 patients in the placebo group, $p=0.056$).

In the Helsinki Heart Study, the incidence of total malignancies discovered during the trial and in the 1½ years since the trial was completed was 39 in the Lipid group and 29 in the placebo group (difference not statistically significant). This includes 5 basal cell carcinomas in the Lipid group and none in the placebo group ($p=0.06$; historical data predicted an expected 4.7 cases in the placebo group). GI malignancies and deaths from malignancies were not statistically different between Lipid and placebo subgroups. Follow-up of the Helsinki Heart Study participants will provide further information on cause-specific mortality and cancer morbidity.

2. A gallstone prevalence substudy of 450 Helsinki Heart Study participants showed a trend toward a greater prevalence of gallstones during the study within the Lipid treatment group (7.5% vs 4.9% for the placebo group, a 55% excess for the gemfibrozil group). A trend toward a greater incidence of gallbladder surgery was observed for the Lipid group (17 vs 11 subjects, a 54% excess). This result did not differ statistically from the increased incidence of cholecystectomy observed in the WHO study in the group treated with clofibrate. Both clofibrate and gemfibrozil may increase cholesterol excretion into the bile leading to cholelithiasis. If cholelithiasis is suspected, gallbladder studies are indicated. Lipid therapy should be discontinued if gallstones are found.

3. Since a reduction of mortality from coronary artery disease has not been demonstrated and because liver and interstitial cell testicular tumors were increased in rats, Lipid should be administered only to those patients described in the INDICATIONS AND USAGE section. If a significant serum lipid response is not obtained, Lipid should be discontinued.

4. Concomitant Anticoagulants—Caution should be exercised when anticoagulants are given in conjunction with Lipid. The dosage of the anticoagulant should be reduced to maintain the prothrombin time at the desired level to prevent bleeding complications. Frequent prothrombin determinations are advisable until it has been definitely determined that the prothrombin level has stabilized.

5. Concomitant therapy with Lipid and Mevacor® (lovastatin) has been associated with rhabdomyolysis, markedly elevated creatine kinase (CK) levels and myoglobinuria, leading in a high proportion of cases to acute renal failure. In most subjects who have had an unsatisfactory lipid response to either drug alone, the possible benefit of combined therapy with lovastatin and gemfibrozil does not outweigh the risks of severe myopathy, rhabdomyolysis, and acute renal failure (See Drug Interactions). The use of fibrates alone, including Lipid, may occasionally be associated with myositis. Patients receiving Lipid and complaining of muscle pain, tenderness, or weakness should have prompt medical evaluation for myositis, including serum creatine kinase level determination. If myositis is suspected or diagnosed, Lipid therapy should be withdrawn.

6. Cataracts—Subcapsular bilateral cataracts occurred in 10%, and unilateral in 63% of male rats treated with gemfibrozil at 10 times the human dose.

PRECAUTIONS. 1. **Initial Therapy.** Laboratory studies should be done to ascertain that the lipid levels are consistently abnormal. Before instituting Lipid therapy, every attempt should be made to control serum lipids with appropriate diet, exercise, weight loss in obese patients, and control of any medical problems such as diabetes mellitus and hypothyroidism that are contributing to the lipid abnormalities.

2. **Continued Therapy.** Periodic determination of serum lipids should be obtained, and the drug withdrawn if lipid response is inadequate after 3 months of therapy.

3. **Drug Interactions.** (A) **Lovastatin:** Rhabdomyolysis has occurred with combined gemfibrozil and lovastatin therapy. It may be seen as early as 3 weeks after initiation of combined therapy or after several months. In most subjects who have had an unsatisfactory lipid response to either drug alone, the possible benefit of combined therapy with lovastatin and gemfibrozil does not outweigh the risks of severe myopathy, rhabdomyolysis, and acute renal failure. There is no assurance that periodic monitoring of creatine kinase will prevent the occurrence of severe myopathy and kidney damage.

(B) **Anticoagulants:** CAUTION SHOULD BE EXERCISED WHEN ANTICOAGULANTS ARE GIVEN IN CONJUNCTION WITH LIPID. THE DOSAGE OF THE ANTICOAGULANT SHOULD BE REDUCED TO MAINTAIN THE PROTHROMBIN TIME AT THE DESIRED LEVEL TO PREVENT BLEEDING COMPLICATIONS. FREQUENT PROTHROMBIN DETERMINATIONS ARE ADVISABLE UNTIL IT HAS BEEN DEFINITELY DETERMINED THAT THE PROTHROMBIN LEVEL HAS STABILIZED.

4. **Carcinogenesis, Mutagenesis, Impairment of Fertility.** Long-term studies have been conducted in rats and mice at one and ten times the human dose. The incidence of benign liver nodules and liver carcinomas was significantly increased in high dose male rats. The incidence of liver carcinomas increased also in low dose males, but this increase was not statistically significant ($p=0.1$). In high dose female rats, there was a significant increase in the combined incidence of benign, and malignant liver neoplasms. In male and female mice, there were no statistically significant differences

Lipid® (Gemfibrozil Capsules and Tablets)

from controls in the incidence of liver tumors, but the doses tested were lower than those shown to be carcinogenic with other fibrates.

Male rats had a dose-related and statistically significant increase of benign Leydig cell tumors at 1 and 10 times the human dose.

Electron microscopy studies have demonstrated a florid hepatic peroxisome proliferation following Lipid administration to the male rat. An adequate study to test for peroxisome proliferation has not been done in humans but changes in peroxisome morphology have been observed. Peroxisome proliferation has been shown to occur in humans with either of two other drugs of the fibrate class when liver biopsies were compared before and after treatment in the same individual.

Administration of approximately three or ten times the human dose to male rats for 10 weeks resulted in a dose-related decrease of fertility. Subsequent studies demonstrated that this effect was reversed after a drug-free period of about eight weeks, and it was not transmitted to the offspring.

5. **Pregnancy Category B.**—Reproduction studies have been performed in the rat at doses 3 and 9 times the human dose, and in the rabbit at 2 and 6.7 times the human dose. These studies have revealed no evidence of impaired fertility in females or harm to the fetus due to Lipid. Minor fetotoxicity was manifested by reduced birth rates observed at the high dose levels. No significant malformations were found among almost 400 offspring from 36 litters of rats and 100 fetuses from 22 litters of rabbits.

There are no studies in pregnant women. In view of the fact that Lipid is tumorigenic in male and female rats, the use of Lipid in pregnancy should be reserved for those patients where the benefit clearly outweighs the possible risk to the patient or fetus.

6. **Nursing Mothers.**—Because of the potential for tumorigenicity shown for gemfibrozil in rats, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

7. **Hematologic Changes.**—Mild hemoglobin, hematocrit and white blood cell decreases have been observed in occasional patients following initiation of Lipid therapy. However, these levels stabilize during long-term administration. Rarely, severe anemia, leukopenia, thrombocytopenia, and bone marrow hypoplasia have been reported. Therefore, periodic blood counts are recommended during the first 12 months of Lipid administration.

8. **Liver Function.**—Abnormal liver function tests have been observed occasionally

during Lipid administration, including elevations of AST (SGOT), ALT (SGPT), LDH, bilirubin, and alkaline phosphatase. These are usually reversible when Lipid is discontinued. Therefore periodic liver function studies are recommended and Lipid therapy should be terminated if abnormalities persist.

9. **Use in Children.**—Safety and efficacy in children have not been established.

ADVERSE REACTIONS. In the double-blind controlled phase of the Helsinki Heart Study, 2046 patients received Lipid for up to 5 years. In that study, the following adverse reactions were statistically more frequent in subjects in the Lipid group (placebo incidence in parentheses): gastrointestinal reactions, 34.2%

(23.8%); dyspepsia, 19.6% (11.9%); abdominal pain, 9.8% (5.6%); acute appendicitis (histologically confirmed in most cases where data are available), 1.2% (0.6%); atrial fibrillation, 0.7% (0.1%).

Adverse events reported by more than 1% of subjects, but without a significant difference between groups (placebo incidence in parentheses) were: diarrhea, 7.2% (6.5%); fatigue, 3.8% (3.5%); nausea/vomiting, 2.5% (2.1%); eczema, 1.9% (1.2%); rash, 1.7% (1.3%); vertigo, 1.5% (1.3%); constipation, 1.4% (1.3%); headache, 1.2% (1.1%).

Gallbladder surgery was performed in 0.9% of Lipid and 0.5% of placebo subjects, a 64% excess, which is not statistically different from the excess of gallbladder surgery observed in the clofibrate compared to the placebo group of the WHO study.

Nervous system and special senses adverse reactions were more common in the Lipid group. These included hypesthesia, paresthesias, and taste perversion. Other adverse reactions that were more common among Lipid treatment group subjects but where a causal relationship was not established include cataracts, peripheral vascular disease, and intracerebral hemorrhage.

From other studies it seems probable that Lipid is causally related to the occurrence of **musculoskeletal symptoms** (See WARNINGS), and to **abnormal liver function tests and hematologic changes** (See PRECAUTIONS).

Reports of viral and bacterial infections (common cold, cough, urinary tract infections) were more common in gemfibrozil-treated patients in other controlled clinical trials of 805 patients.

Additional adverse reactions that have been reported for gemfibrozil are listed below by system. These are categorized according to whether a causal relationship to treatment with Lipid is probable or not established:

CAUSAL RELATIONSHIP PROBABLE: *Gastrointestinal:* cholestatic jaundice; *Central Nervous System:* dizziness, somnolence, paresthesia, peripheral neuritis, decreased libido, depression, headache; *Eye:* blurred vision; *Genitourinary:* impotence; *Musculoskeletal:* myopathy, myasthenia, myalgia, painful extremities, arthralgia, synovitis, rhabdomyolysis (see WARNINGS and Drug Interactions under PRECAUTIONS); *Clinical Laboratory:* increased creatine phosphokinase, increased bilirubin, increased liver transaminases (AST [SGOT], ALT [SGPT]), increased alkaline phosphatase; *Hematopoietic:* anemia, leukopenia, bone marrow hypoplasia, eosinophilia; *Immunologic:* angioedema, laryngeal edema, urticaria; *Integumentary:* exfoliative dermatitis, rash, dermatitis, pruritus.

CAUSAL RELATIONSHIP NOT ESTABLISHED: *General:* weight loss; *Cardiac:* extrasystoles; *Gastrointestinal:* pancreatitis, hepatoma, colitis; *Central Nervous System:* confusion, convulsions, syncope; *Eye:* retinal edema; *Genitourinary:* decreased male fertility; *Clinical Laboratory:* positive antinuclear antibody; *Hematopoietic:* thrombocytopenia; *Immunologic:* anaphylaxis, Lupus-like syndrome, vasculitis; *Integumentary:* alopecia.

DOSAGE AND ADMINISTRATION. The recommended dose for adults is 1200 mg administered in two divided doses 30 minutes before the morning and evening meal.

MANAGEMENT OF OVERDOSE. While there has been no reported case of overdose, symptomatic supportive measures should be taken should it occur.

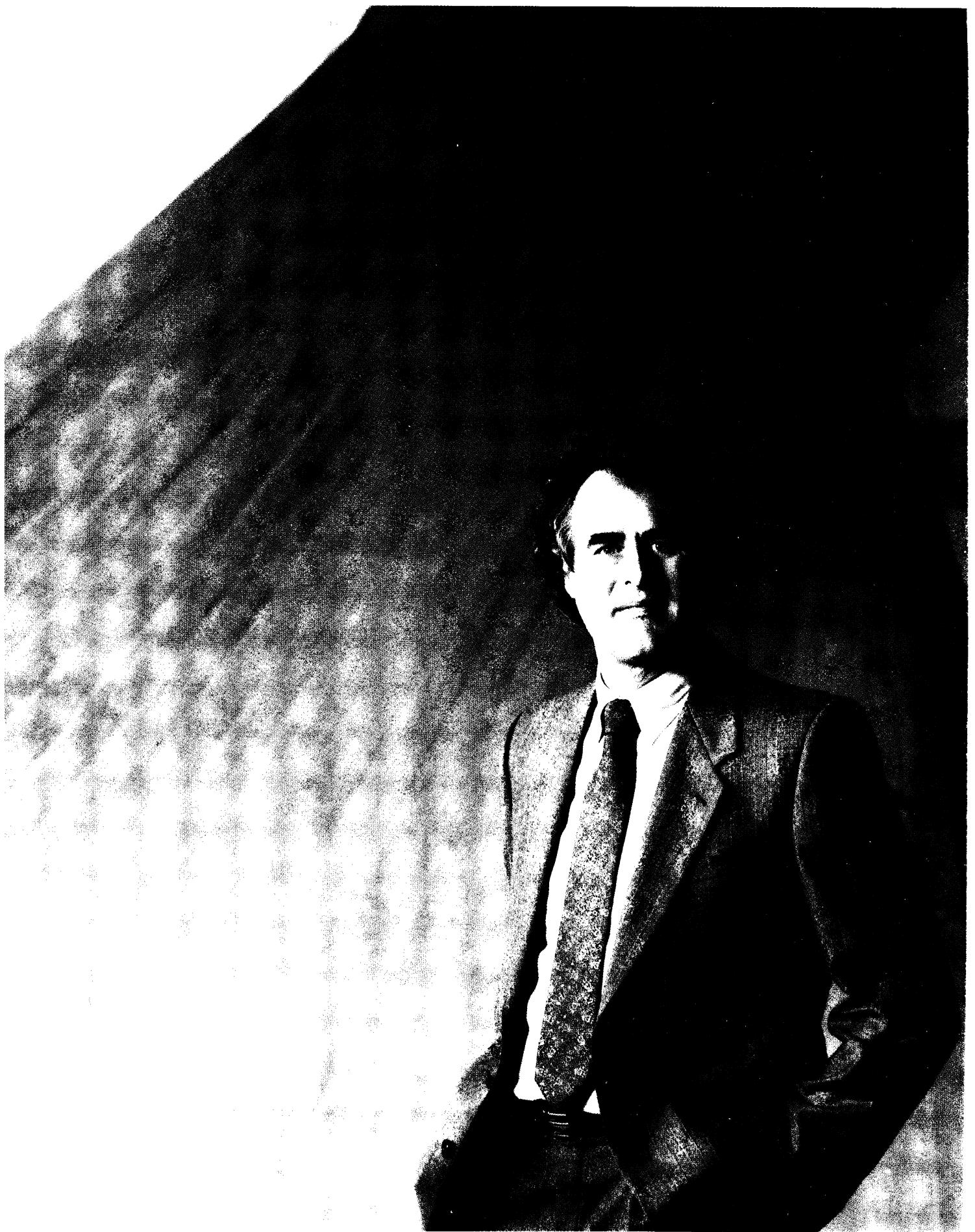
References: 1. Frick MH, Elo O, Haapa K, et al: Helsinki Heart Study: Primary prevention trial with gemfibrozil in middle-aged men with dyslipidemia. *N Engl J Med* 1987;317:1237-1245. 2. Manninen V, Elo O, Frick MH, et al: Lipid alterations and decline in the incidence of coronary heart disease in the Helsinki Heart Study. *JAMA* 1988; 260:641-651. 3. Nikkila EA: Familial lipoprotein lipase deficiency and related disorders of chylomicron metabolism. In Stanbury J, B, et al, (eds.): *The Metabolic Basis of Inherited Disease*, 5th ed., McGraw-Hill, 1983, Chap. 30, pp 622-642.

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David S. Gullion, M.D., CAP/MPT member, is board certified in Medical Oncology and Hematology. He is in private practice specializing in Oncology. An Associate Clinical Professor of Medicine at a leading university, Dr. Gullion conducts research in continuing medical education.

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STOP LESIONS FROM SURFACING

An alarming rise in the incidence of genital herpes points to the need for better disease treatment. Fortunately, long-term maintenance therapy with ZOVIRAX® can help keep herpes patients lesion-free. In controlled studies of 4 to 6 months' duration, recurrences were totally prevented in up to 75% of patients. And during two years of clinical use, daily therapy has been shown to be generally well tolerated.¹ One capsule TID...the best way to stop lesions from surfacing.

Reference: 1. Data on file, Burroughs Wellcome Co.

ZOVIRAX®
(acyclovir) capsules

Keeps herpes patients lesion-free longer

Please see brief summary of prescribing information on next page.



IMPROVING LIVES THROUGH
ANTIVIRAL RESEARCH
Burroughs Wellcome Co.
Research Triangle Park,
North Carolina 27709

ZOVIRAX®

(acyclovir) capsules

Daily therapy helps keep patients lesion-free longer*

Brief Summary

INDICATIONS AND USAGE: Zovirax Capsules are indicated for the treatment of initial episodes and the management of recurrent episodes of genital herpes in certain patients.

The severity of disease is variable depending upon the immune status of the patient, the frequency and duration of episodes, and the degree of cutaneous or systemic involvement. These factors should determine patient management, which may include symptomatic support and counseling only, or the institution of specific therapy. The physical, emotional and psycho-social difficulties posed by herpes infections as well as the degree of debilitation, particularly in immunocompromised patients, are unique for each patient, and the physician should determine therapeutic alternatives based on his or her understanding of the individual patient's needs. Thus Zovirax Capsules are not appropriate in treating all genital herpes infections. The following guidelines may be useful in weighing the benefit/risk consideration in specific disease categories:

First Episodes (primary and nonprimary infections—commonly known as initial genital herpes):

Double-blind, placebo-controlled studies have demonstrated that orally administered Zovirax significantly reduced the duration of acute infection (detection of virus in lesions by tissue culture) and lesion healing. The duration of pain and new lesion formation was decreased in some patient groups. The promptness of initiation of therapy and/or the patient's prior exposure to Herpes simplex virus may influence the degree of benefit from therapy. Patients with mild disease may derive less benefit than those with more severe episodes. In patients with extremely severe episodes, in which prostration, central nervous system involvement, urinary retention or inability to take oral medication require hospitalization and more aggressive management, therapy may be best initiated with intravenous Zovirax.

Recurrent Episodes:

Double-blind, placebo-controlled studies in patients with frequent recurrences (6 or more episodes per year) have shown that Zovirax Capsules given for 4 to 6 months prevented or reduced the frequency and/or severity of recurrences in greater than 95% of patients. Clinical recurrences were prevented in 40 to 75% of patients. Some patients experienced increased severity of the first episode following cessation of therapy; the severity of subsequent episodes and the effect on the natural history of the disease are still under study.

The safety and efficacy of orally administered acyclovir in the suppression of frequent episodes of genital herpes have been established only for up to 6 months. Chronic suppressive therapy is most appropriate when, in the judgement of the physician, the benefits of such a regimen outweigh known or potential adverse effects. In general, Zovirax Capsules should not be used for the suppression of recurrent disease in mildly affected patients. Unanswered questions concerning the human relevance of *in vitro* mutagenicity studies and reproductive toxicity studies in animals given very high doses of acyclovir for short periods (see Carcinogenesis, Mutagenesis, Impairment of Fertility) should be borne in mind when designing long-term management for individual patients. Discussion of these issues with patients will provide them the opportunity to weigh the potential for toxicity against the severity of their disease. Thus, this regimen should be considered only for appropriate patients and only for six months until the results of ongoing studies allow a more precise evaluation of the benefit/risk assessment of prolonged therapy.

Limited studies have shown that there are certain patients for whom intermittent short-term treatment of recurrent episodes is effective. This approach may be more appropriate than a suppressive regimen in patients with infrequent recurrences.

Immunocompromised patients with recurrent herpes infections can be treated with either intermittent or chronic suppressive therapy. Clinically significant resistance, although rare, is more likely to be seen with prolonged or repeated therapy in severely immunocompromised patients with active lesions.

CONTRAINDICATIONS: Zovirax Capsules are contraindicated for patients who develop hypersensitivity or intolerance to the components of the formulation.

WARNINGS: Zovirax Capsules are intended for oral ingestion only.

PRECAUTIONS: General: Zovirax has caused decreased spermatogenesis at high doses in some animals and mutagenesis in some acute studies at high concentrations of drug (see PRECAUTIONS—Carcinogenesis, Mutagenesis, Impairment of Fertility). The recommended dosage and length of treatment should not be exceeded (see DOSAGE AND ADMINISTRATION).

Exposure of Herpes simplex isolates to acyclovir *in vitro* can lead to the emergence of less sensitive viruses. The possibility of the appearance of less sensitive viruses in man must be borne in mind when treating patients. The relationship between the *in vitro* sensitivity of Herpes simplex virus to acyclovir and clinical response to therapy has yet to be established (see CLINICAL PHARMACOLOGY—Microbiology).

Because of the possibility that less sensitive virus may be selected in patients who are receiving acyclovir, all patients should be advised to take particular care to avoid potential transmission of virus if active lesions are present while they are on therapy. In severely immunocompromised patients, the physician should be aware that prolonged or repeated courses of acyclovir may result in selection of resistant viruses which may not fully respond to continued acyclovir therapy.

Drug Interactions: Co-administration of probenecid with intravenous acyclovir has been shown to increase the mean half-life and the area under the concentration-time curve. Urinary excretion and renal clearance were correspondingly reduced.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

Acyclovir was tested in lifetime bioassays in rats and mice at single daily doses of 50, 150 and 450 mg/kg given by gavage. There was no statistically significant difference in the incidence of tumors between treated and control animals, nor did acyclovir shorten the latency of tumors. In 2 *in vitro* cell transformation assays, used to provide preliminary assessment of potential oncogenicity in advance of these more definitive life-time bioassays in rodents, conflicting results were obtained. Acyclovir was positive at the highest dose used in one system and the resulting morphologically transformed cells formed tumors when inoculated into immunosuppressed, syngeneic, weanling mice. Acyclovir was negative in another transformation system considered less sensitive.

In acute studies, there was an increase, not statistically significant, in the incidence of chromosomal damage at maximum tolerated parental doses of 100 mg/kg acyclovir in rats but not Chinese hamsters; higher doses of 500 and 1000 mg/kg were clastogenic in Chinese hamsters. In addition, no activity was found after 5 days dosing in a dominant lethal study in mice. In 6 of 11 microbial and mammalian cell assays, no evidence of mutagenicity was observed. At 3 loci in a Chinese hamster ovary cell line, the results were inconclusive. In 2 mammalian cell assays (human lymphocytes and L5178Y mouse lymphoma cells *in vitro*), positive responses for mutagenicity and chromosomal damage occurred, but only at concentrations at least 400 times the acyclovir plasma levels achieved in man.

Acyclovir has not been shown to impair fertility or reproduction in mice (450 mg/kg/day, p.o.) or in rats (25 mg/kg/day, s.c.). At 50 mg/kg/day s.c. in the rat, there was a statistically significant increase in post-implantation loss, but no concomitant decrease in litter size. In female rabbits treated subcutaneously with acyclovir subsequent to mating, there was a statistically significant decrease in implantation efficacy but no concomitant decrease in litter size at a dose of 50 mg/kg/day. No effect upon implantation efficiency was observed when the same dose was administered intravenously. In a rat peri- and postnatal study at 50 mg/kg/day s.c., there was a statistically significant decrease in the group mean numbers of corpora lutea, total implantation sites and live fetuses in the F₁ generation. Although not statistically significant, there was also a dose related decrease in group mean numbers of live fetuses and implantation sites at 12.5 mg/kg/day and 25 mg/kg/day, s.c. The intravenous administration of 100 mg/kg/day, a dose known to cause obstructive nephropathy in rabbits, caused a significant increase in fetal resorptions and a corresponding decrease in litter size. However, at a maximum tolerated intravenous dose of 50 mg/kg/day in rabbits, there were no drug-related reproductive effects.

Intraperitoneal doses of 320 or 80 mg/kg/day acyclovir given to rats for 1 and 6 months, respectively, caused testicular atrophy. Testicular atrophy was persistent through the 4-week postdose recovery phase after 320 mg/kg/day; some evidence of recovery

of sperm production was evident 30 days post-dose. Intravenous doses of 100 and 200 mg/kg/day acyclovir given to dogs for 31 days caused aspermatogenesis. Testicles were normal in dogs given 50 mg/kg/day i.v. for one month.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Acyclovir was not teratogenic in the mouse (450 mg/kg/day, p.o.), rabbit (50 mg/kg/day, s.c. and i.v.) or in standard tests in the rat (50 mg/kg/day, s.c.). In a non-standard test in rats, fetal abnormalities, such as head and tail anomalies, were observed following subcutaneous administration of acyclovir at very high doses associated with toxicity to the maternal rat. The clinical relevance of these findings is uncertain. There are no adequate and well-controlled studies in pregnant women. Acyclovir should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. Although acyclovir was not teratogenic in standard animal studies, the drug's potential for causing chromosome breaks at high concentration should be taken into consideration in making this determination.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Zovirax is administered to a nursing woman. In nursing mothers, consideration should be given to not using acyclovir treatment or discontinuing breastfeeding.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS—Short-Term

Administration: The most frequent adverse reactions reported during clinical trials of treatment with Zovirax Capsules were nausea and/or vomiting in 8 of 298 patient treatments (2.7%) and headache in 2 of 298 (0.6%). Less frequent adverse reactions, each of which occurred in 1 of 298 patient treatments with Zovirax Capsules (0.3%), included diarrhea, dizziness, anorexia, fatigue, edema, skin rash, leg pain, inguinal adenopathy, medication taste and sore throat.

Long-Term Administration: The most frequent adverse reactions reported in studies of daily therapy for 3 to 6 months were headache in 33 of 251 patients (13.1%), diarrhea in 22 of 251 (8.8%), nausea and/or vomiting in 9 of 251 (3.6%), vertigo in 9 of 251 (3.6%), and arthralgia in 9 of 251 (3.6%). Less frequent adverse reactions, each of which occurred in less than 3% of the 251 patients (see number of patients in parentheses), included skin rash (7), insomnia (4), fatigue (7), fever (4), palpitations (1), sore throat (2), superficial thrombophlebitis (1), muscle cramps (2), paronychia (1), menstrual abnormality (4), acne (3), lymphadenopathy (2), irritability (1), accelerated hair loss (1), and depression (1).

DOSAGE AND ADMINISTRATION: Treatment of initial genital herpes: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 10 days (total 50 capsules).

Chronic suppressive therapy for recurrent disease: One 200 mg capsule 3 times daily for up to 6 months. Some patients may require more drug, up to one 200 mg capsule 5 times daily for up to 6 months.

Intermittent Therapy: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 5 days (total 25 capsules). Therapy should be initiated at the earliest sign or symptom (prodrome) of recurrence.

Patients With Acute or Chronic Renal Impairment: One 200 mg capsule every 12 hours is recommended for patients with creatinine clearance ≤ 10 ml/min/1.73 m².

HOW SUPPLIED: Zovirax Capsules (blue, opaque) containing 200 mg acyclovir and printed with "Wellcome ZOVIRAX 200"—Bottles of 100 (NDC-0081-0991-55), and unit dose pack of 100 (NDC-0081-0991-56). Store at 15°-30°C (59°-86°F) and protect from light and moisture.

U.S. Patent No. 4199574

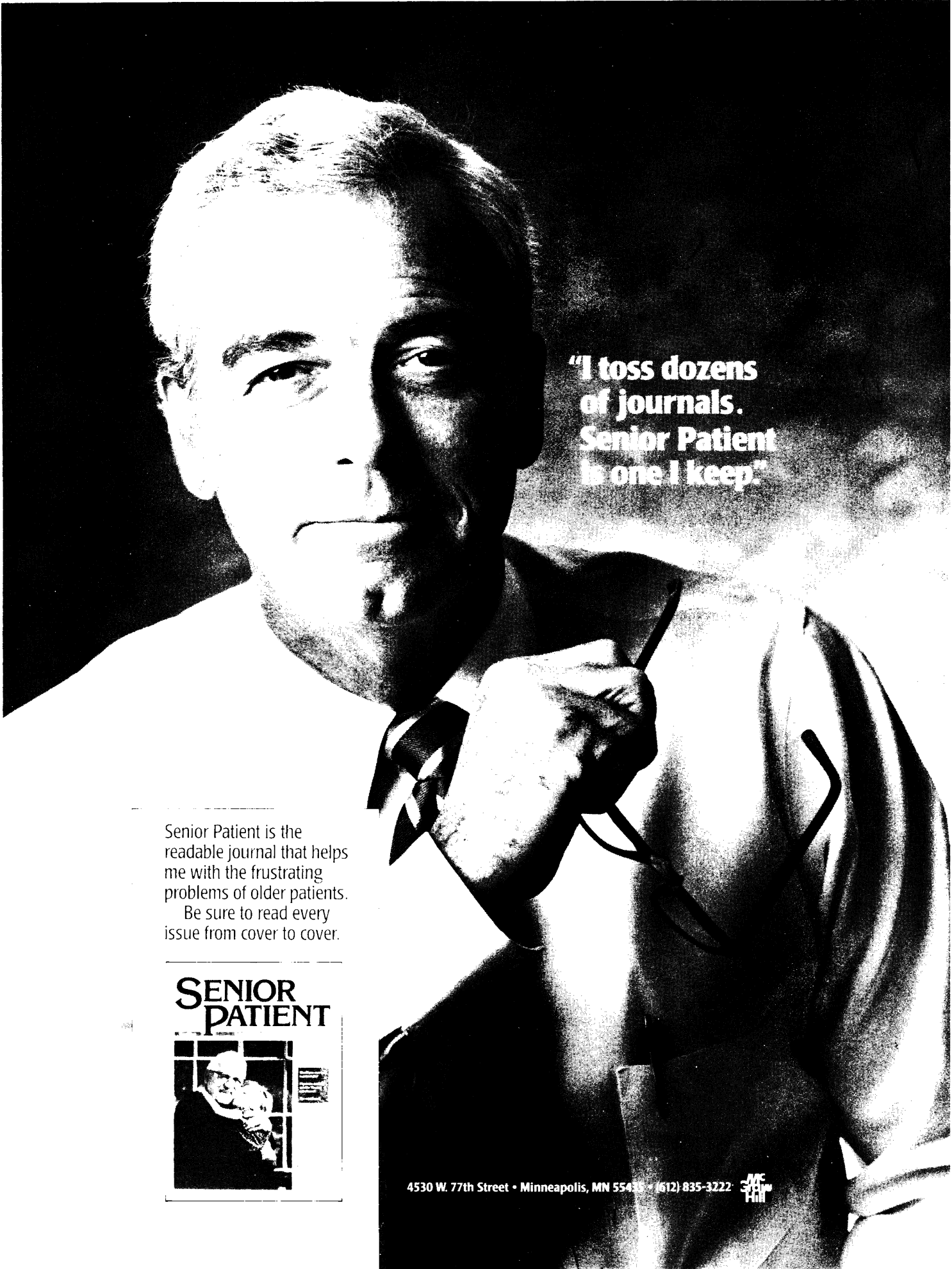
*In controlled studies, recurrences were totally prevented for 4 to 6 months in up to 75% of patients.



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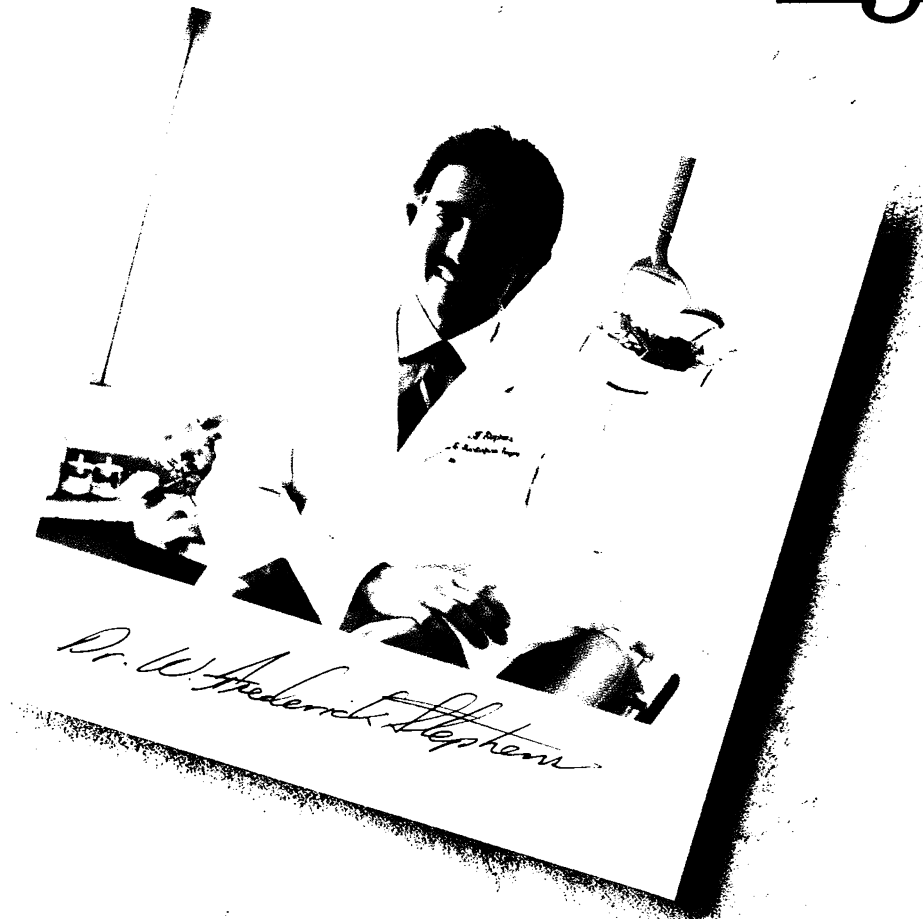
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Examples of minimal, moderate, and dense growth as evaluated by investigators



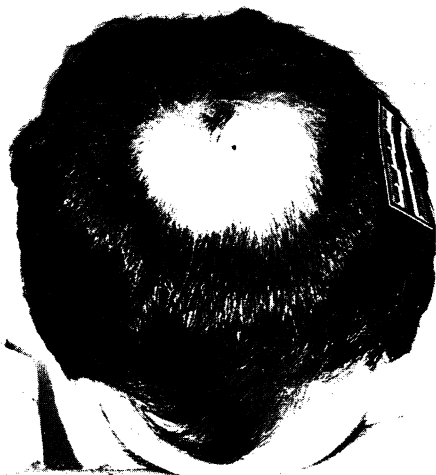
START OF STUDY



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MINIMAL GROWTH



MODERATE GROWTH

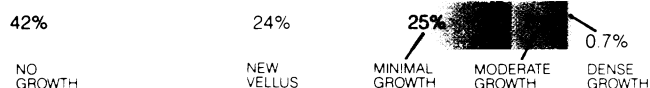


DENSE GROWTH

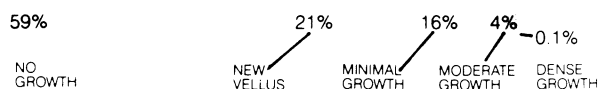
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At the end of four months, 34% of 714 patients treated with ROGAINE were evaluated as showing minimal, moderate, or dense growth, while 20% of 717 patients showed minimal, moderate, or dense growth with placebo, a highly significant difference ($P < .0005$).

Rogaine (714)



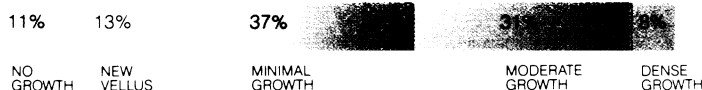
Placebo (717)



Non-Placebo-Controlled Continuation Phase

After 12 months, dense growth was observed in 8% of the 619 patients treated with ROGAINE, moderate growth in 31%, and minimal growth in 37%. Approximately one fourth of patients showed only vellus hair growth or no growth.

Rogaine (619)



Compliance is Essential

The multicenter studies indicate that a period of *four months or longer* of daily b.i.d. applications of ROGAINE is usually necessary before evidence of hair growth is apparent. Hair growth continued to increase in study subjects over months 5 through 12.

Continuous use is necessary to maintain hair growth. Newly grown hair returns to the untreated state three to four months after cessation of therapy with ROGAINE.

Please see last page for brief summary of prescribing information.

Rogaine[®]
TOPICAL SOLUTION minoxidil 2%

Upjohn

The Upjohn Company
Kalamazoo, MI 49001 USA

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*Before prescribing, please see brief summary of prescribing information
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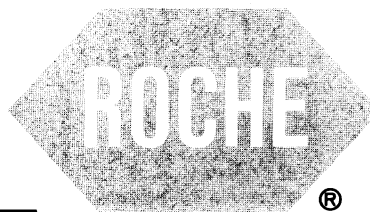


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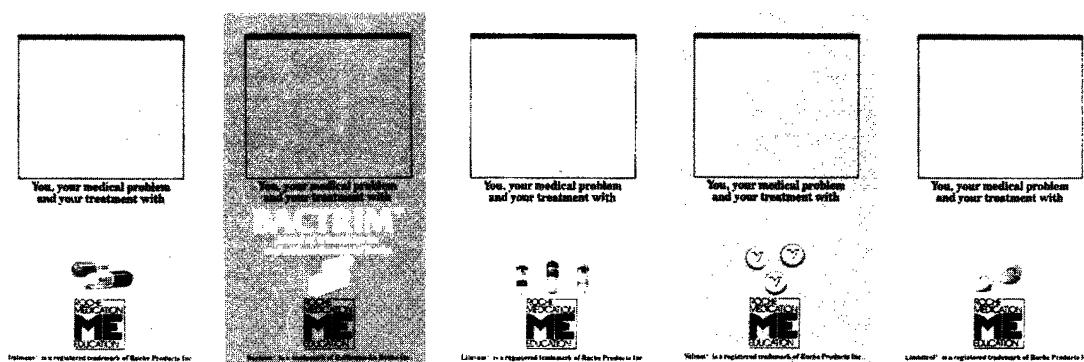


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INTERNAL MEDICINE, NORTHERN CALIFORNIA. You have a unique opportunity to join the area's leading multispecialty private medical practice. A position is available immediately for a BE/BC Internist. All subspecialties welcome to apply. Generous salary, bonus provision, fringe benefit package, and early membership in the corporation. Accept the challenge; become part of our competitive, growing organization. Experience the good life—wonderful restaurants, beautiful scenery, great weather, cultural facilities, easy access to beaches and mountains. Send CV and receive further information by contacting **Maureen Forrester, Physician Recruitment, 45 S. 17th St, San Jose, CA 95112; (408) 282-7833, (408) 282-7757.**

GYNECOLOGIST needed for 78-bed JCAHO hospital. We are growing and we need to enlarge our specialty staff. Just opened new Cancer Treatment Center. 12,000 community, 90,000 immediate service area, 160,000 catchment area. Great outdoors area, cattle, oil, gas, hunting, fishing, good schools, low crime, ideal area for raising children. Reasonable malpractice rates. Send CV to **Marilyn Bryan, Community Hospital, PO Box 2339, Elk City, OK 73648; (405) 225-2511.**

SAN FRANCISCO AREA. Family Practitioner or Primary Care Internist to join progressive six physician group in lovely coastside community of Half Moon Bay, 25 miles south of San Francisco. CV to **Dr Larry Casalino, 225 S. Cabrillo Hwy, Half Moon Bay, CA 94019.**

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An Orthopedic Surgeon with training in Spine Surgery is needed to join two busy, well established Orthopedic Surgeons in Los Angeles County. Unlimited potential since this expertise is not represented in the group's service area. For more information about this opportunity, call toll free 1 (800) 626-1590, or send your CV to

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PHYSICIAN OPENING. Ambulatory care/minor emergency center. Full/part-time for Family Practice/Internal Medicine/Emergency Medicine trained, experienced physician located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact **David R. Kennel, MD, 5900 100th St SW, Ste 31, Tacoma, WA 98499; (206) 584-3023 or 582-2542.**

RADIOLOGIST. Part-time position available immediately in small hospital with general radiography and fluoroscopy, mammography and ultrasound in Weaverville, California. Contact **Drs Wheeler, Biggs, or Babbitt, West Coast Radiology, 3798 Janes Rd, Ste 12, Arcata, CA 95521; office number (707) 822-3621, ext 191.**

PHYSICIAN OPPORTUNITIES IN ARIZONA.

Thomas-Davis Medical Centers, PC, a rapidly expanding multispecialty group practice of 90 plus physicians in Tucson, Green Valley, and Tempe, Arizona, has positions available in these cities in Internal Medicine, Pediatrics, OB/GYN, Orthopedics, Urgent Care, and Family Practice. Excellent fringe benefits and profit sharing program. Fee-for-service, as well as owned HMO. Must be BE/BC. Call or write **James J. Vitali, CEO, Thomas-Davis Medical Centers, PC, PO Box 12650, Tucson, AZ 85732; (602) 322-8300.**

INTERNAL MEDICINE. Long established multispecialty group in central Washington needs Internist. Independent contract or join partnership later. University town with many cultural and recreational activities. Send CV to **Medical Building Associates, 200 E. 6th, Ellensburg, WA 98926, or call (509) 925-9891.**



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The continuing growth of our service area population (now 90,000) has created an immediate need for additional BC/BE physicians in the following specialties:

- **FAMILY PRACTICE.** Several openings offering a variety of practice situations, above average income potential.

- **ONCOLOGY.** Establish private practice with no investment, guaranteed income. Some General Internal Medicine necessary initially.

- **GENERAL SURGERY.** Exceptional opportunity to assume excellent private practice. Guaranteed income.

- **ORTHOPEDIC SURGERY.** Guaranteed income, established office. Above average income potential.

- **EMERGENCY MEDICINE.** Hospital position, BC/BE in Emergency Medicine, or equivalent combination of appropriate residency training and Emergency Medicine experience. California license required. Competitive remuneration, paid malpractice insurance, individual contract, flexible scheduling, CE allowance. Part-time for double coverage also available.

- **RADIOLOGY.** Hospital group position. Excellent salary and benefit package. Competency in ultrasound, CAT, Nuclear Medicine, film screen mammography, and general diagnosis required. MRI experience desired. Inpatient and outpatient.

112-bed full service, acute care hospital, excellent ancillary services. California license required. Located in central California near Sequoia National Park, Tulare offers a family oriented environment, abundant and varied recreation, good schools, restaurants, and shopping. Beautiful, affordable homes close to hospital and office. Strong economy. New businesses are contributing to the steady growth of our active community which combines the life-style advantages of a small city with easy access to all California attractions.

Contact:

**Tulare District Hospital
Physician Recruiting
Office, PO Box 90112,
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(213) 216-2687.**



SAN FRANCISCO PENINSULA. Well trained BC Internal Medicine, Family Practice, or Emergency Room MD for busy Urgent Care Division of large, private, multispecialty group practice. Full-time position. Send CV to **S. M. Stone, MD, Palo Alto Medical Foundation, 300 Homer Ave, Palo Alto, CA 94301.**

BC/BE GENERAL INTERNIST to associate with growing, established Internal Medicine practice in beautiful Sierra foothills. Convenient to Sacramento, mountain resorts, and South Lake Tahoe. Progressive medical community with most specialties represented. Excellent, well staffed and equipped hospital. Practice is located in new medical complex recently completed in fastest growing area of county. Compensation negotiable. Early partnership. Subspecialties of Infectious Disease, Pulmonary, or Rheumatology would be welcome additions to medical community. Reply, **Frank D. Irwin, MD, 3581 Palmer Dr, Ste 202, Shingle Springs, CA 95682.**

SAN FRANCISCO BAY AREA. Full-time career Emergency Physician wanted for a high volume Emergency Department, 30 minutes south of San Francisco. Emergency Medicine BC/BE mandatory; prefer experienced. Congenial, democratic group of 20 full-time physicians doing some follow-up and minimal overnights. Competitive salary with excellent benefits including three to five weeks paid vacation; seven paid holidays; malpractice, medical, dental, and disability insurance; corporate shareholder in three years. Send CV or contact **Drew Baker, MD, Kaiser Permanente Medical Center, 27400 Hesperian Blvd, Hayward, CA 94545; (415) 784-4521.**

(Continued on Page 328)

(Continued from Page 327)

PHYSICIANS WANTED**Western States OPENINGS**

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to:

Western States Physician Services,
5414 E. Montecito, Fresno, CA 93727.
Or call 1 (800) 873-0786.

CALIFORNIA. BC/BE OTOLARYNGOLOGIST to join 14 MD multispecialty group with progressive practice environment located in a small city in the central San Joaquin Valley at the foothills of the Sierras, two hours from the coast. Send CV to Kaweah Medical Group, Attn: Maya Ricci, 222 W. Willow, Visalia, CA 93291.

PUGET SOUND. BC/BE Family Practitioner for new branch office of multispecialty clinic. Full Family Practice opportunity, OB optional. Guaranteed starting salary and benefits. Respond with CV to Memorial Clinic, Attention: Inge Hart, Personnel, 500 N. Lilly Rd, Olympia, WA 98506; (206) 456-1122, ext 249.

ONCOLOGIST NEEDED for multispecialty group practice in Seattle; affiliated with University of Washington. Full-time clinical with potential for research. Diverse patient population includes managed care, fee-for-service, retired and active duty military. Attractive salary plus incentive and excellent benefit package. Send CV or contact Mary Anderson, Personnel Representative, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

TUCSON, ARIZONA. BC/BE, residency trained Family Physician sought to join busy solo Family Physician in private practice. Attractive start-up package available. Send CV to Herb Jalowsky, MD, 1925 W. Orange Grove Rd, Tucson, AZ 85704; (602) 622-1414.

NEAR STANFORD. Six Internists, all subspecialty trained and members of clinical faculty at Stanford, interested in an associate with subspecialty interest and training. Should be well grounded in Internal Medicine. Send CV to Dr Bigler, El Camino Internal Medical Group, 125 South Dr, Mountain View, CA 94040.

PROGRESSIVE MULTISPECIALTY GROUP

of over 20 physicians, located in Tracy, one of the most rapidly growing cities in northern California. Located in the San Joaquin Valley with diversified economy and excellent schools. We are looking for the following:

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OB/GYN
NEUROLOGY
ORTHOPEDICS
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Applicants must be BC/BE. Offering an excellent salary with an incentive arrangement and a competitive benefit package, leading to partnership after 18 months.

Reply with CV and references to:

Physician Recruitment
Eaton Medical Group
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Tracy, CA 95376

PHYSICIANS WANTED**SOUTHERN CALIFORNIA**

Specialists and Primary Care Physicians—CIGNA Healthplans invites you to join our innovative and dynamic managed health care team. Our multidisciplinary HMO practice provides a supportive and collegial work environment at 31 locations. You will enjoy a wealth of cultural and recreational activities, access to major academic centers, and an excellent compensation package. Call collect (818) 500-6570 or send CV to Robert Harrington, MD, Professional Recruitment, CIGNA Healthplans of California, 505 N. Brand Blvd, Ste 400-49, Glendale, CA 91203.

MULTIPLE FAMILY PRACTICE (BC/BE) positions available in several suburban satellite clinics of a large Seattle area multispecialty group practice. Diverse patient population includes managed care, fee-for-service, and retired military (at some satellite clinics). Competitive salary and excellent benefits. Contact Mary Anderson, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

MD TO ASSIST in busy Orthopedic clinic and Operating Room. Will also take call. Position has been used in the past as a bridge to orthopedic residency. Attractive salary and excellent benefit package. Washington State licensure required. Available immediately. Send CV or contact Mary Anderson, Personnel Representative, Pacific Medical Center, 1200-12th Ave S., Seattle, WA 98144; (206) 326-4111.

SAN FRANCISCO NORTH BAY AREA/NAPA VALLEY. Immediate openings (career and part-time) in a multidiscipline Emergency Department for physicians trained in Emergency Medicine, Internal Medicine, Family Practice, or Pediatrics. Full in-house multispecialty coverage. Complete generous benefit package. Contact Robert Mack, MD, Kaiser Hospital, 975 Sereno Dr, Vallejo, CA 94589; (707) 648-6200. EOE.

SEEKING A PHYSICIAN to associate with a Family Practice group. Ultramodern facility with outpatient surgical suite. Located in Corona, California, between Orange County and San Diego. Growing area. Good climate. We are offering an association with excellent economic advantage. Contact Ann Holmes, (714) 734-3042.

FAMILY PRACTITIONER, NORTHERN CALIFORNIA. Solo Family Practitioner (including OB) seeks BE/BC associate. English/Spanish preferred. Reasonable call. Beautiful "Redwood Empire" town, two hours from San Francisco. Guaranteed salary, benefits. Contact Andrew Coren, MD, 1165 S. Dora, E2, Ukiah, CA 95482; (707) 463-3663.

EMERGENCY PHYSICIAN to join established group at attractive, well-equipped emergency room, with excellent nursing, attending staff, in San Francisco. \$100K per year. Malpractice paid. Contact Rob Hemmick, MD, 450 Stanyan St, San Francisco, CA 94117; (415) 750-5700.

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BC/BE. Opportunity for a challenging Emergency Medicine practice at a Level II Emergency Services Facility with EMS base station designations, full range of trauma care and the majority of patient visits are urgent/emergency care. Practice development includes areas of occupational medicine. University community on the redwood coast with excellent schools, cultural and recreational activities. Call and/or send CV to:

Physician Recruitment Committee
Mad River Community Hospital
PO Box 1115
Arcata, CA 95521
(707) 822-3621, ext 249

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Cost Care, the nation's leading health care cost management firm, is seeking physicians to staff the Workers' Compensation/Utilization Review department. Duties will include prospective review of all services, negotiation of treatment plans, provider profiling/network development, and interface with claims technicians. Ideal candidate will have:

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- Strong negotiating skills

Please send CV to:

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CALIFORNIA MULTISPECIALTY. Cardiologist, Anesthesiologist, Infectious Disease Specialist, Internal Medicine, Pediatrician, Endocrinologist, Orthopedist, General/Family Practitioner, Obstetrician/Gynecologist, Pathologist, General/Thoracic Surgeon, Gastroenterologist. Excellent opportunity for physicians in Los Angeles suburb to join 100 member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit sharing and pension plan. Group provides health, dental, life, and malpractice. Partnership in real estate and medical corporation available. Send CV to Ron McDaniel, Assistant Administrator, Mullikin Medical Center, 17821 S. Pioneer Blvd, Artesia, CA 90701.

WANTED: BC/BE FAMILY PRACTICE OR INTERNAL MEDICINE/PEDIATRICS with Emergency Medicine experience for second physician in our Emergency Department. ACLS/ATLS required. Boise offers a variety of cultural activities and is close to skiing, hunting, fishing, white water. Contact Idaho Emergency Physicians with CV at 2312 N. Cole Rd, Ste B, Boise, ID 83704.

SOUTHERN OREGON. BC/BE Family Practitioner to join busy five doctor Family Practice group summer 1990. Practice is located in the Rogue Valley, which is amply endowed with cultural events and outdoor activities. Affordable housing in area of low seismic potential. Admission privileges available at two local hospitals. OB optional. Guaranteed salary and benefits with option to join group after one year. Send CV to Daniel Heyerman, MD, Central Point Medical Group, PC, 524 Manzanita, Central Point, OR 97502.

CALIFORNIA, NORTHERN. A stable group of four ABEM certified/eligible MDs at coastal hospital of 24,000 patient visits would like two new associates. Income \$60-\$75 per hour. Will consider Family Practice but prefer Emergency Department trained Emergency Physician. Coastal paradise near redwood national parks, minutes from Klamath, Rogue, and Smith Rivers. Video tape of area available. Send CV to EPMG, 120 Montgomery St, Ste 1000, San Francisco, CA 94104.

(Continued on Page 330)

THE PERMANENTE MEDICAL GROUP NORTHERN CALIFORNIA

QUALITY

The Permanente Medical Group, the largest multispecialty group practice in the U.S., is undergoing explosive growth in its Northern California region: the San Francisco Bay Area, Sacramento and the Central Valley. Our rapid increase in membership has created practice opportunities throughout the region.

STABILITY

Our physician-managed group is part of the comprehensive Kaiser Permanente Medical Care Program. As a TPMG physician, you have access to the latest medical technology and resources, the support of colleagues in all subspecialties — and the opportunity to provide excellent health care without the burdens of managing a practice.

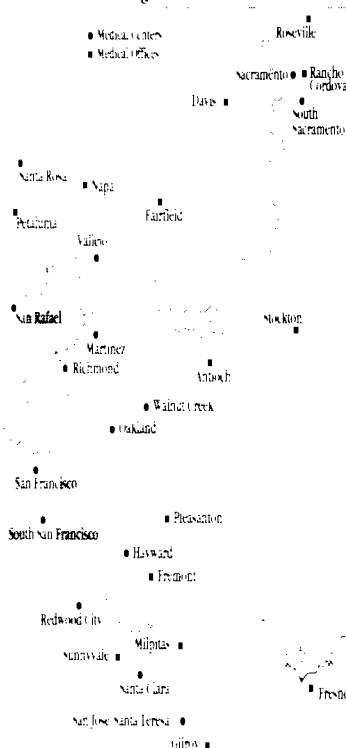
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TPMG offers many benefits: scheduled time off with cross-coverage provided by your colleagues, continuing education, malpractice insurance, a substantial retirement program and special arrangements for physicians transferring from established practice. For complete information, call or send CV to: The Permanente Medical Group, Inc., Richmond Prescott, M.D., Physician Recruitment Services, Dept. WJM-7155, 1814 Franklin, 4th Floor, Oakland, CA 94612. (800) 777-4912. EOE

(Continued from Page 328)

PHYSICIANS WANTED

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IMMEDIATE PHYSICIAN OPENINGS
 Rapidly growing, all family practice clinic.
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 ★LONGVIEW

Longview is a picturesque, stable community of 42,000 located near the Columbia Gorge and the coastal mountains and beaches of Washington and Oregon. Members of our 12 physician group enjoy individual subpractices, infrequent call, and excellent facilities in our new clinic. We invite you to contact us regarding practice opportunities.

SALT LAKE CITY, UTAH, FAMILY PRACTICE PHYSICIAN, BC/BE. Excellent opportunity in Salt Lake suburb to join busy practice, near excellent skiing, hunting, and fishing. Our clinic operates six days a week, and our patients are from a growing Salt Lake suburban population. Excellent salary and benefits. A partnership opportunity will be available after two years. Send CV to Robert Davis, MD, Director, Family Medical Center, 1781 W. 90th S., West Jordan, UT 84092; (801) 562-9100.

SACRAMENTO AMBULATORY / URGENT CARE. Family Practitioners/Internists needed to staff adult urgent care center in Sacramento. Part-time shifts available. Clinic operates seven days per week, 12 hours per day. Excellent hourly remuneration. Benefits possible. Contact Stuart Hahn, MD, (916) 973-5546, or request application from Carolyn Whelan, Physician Recruiting, The Permanente Medical Group, Inc, 2025 Morse Ave, Sacramento, CA 95825. EOE.

RADIOLOGIST. Immediate opening for BC General and Diagnostic Radiologist at teaching hospital near Seattle. Ultrasound, CT, and mammography, plus limited basic angiography and interventional skills. Washington license not required. Regular hours. Full-time or six to nine months per year. Five-year contract. Call Dr Bernstein, (206) 840-9652.

CENTRAL CALIFORNIA. Join our team of Family Practice Physicians in a progressive community health center near Fresno, California. Competitive salary with extra on-call and overtime. Malpractice paid. Generous vacations and time-off policy. Affiliated with UCSF with on-site Family Practice residents and medical students. Varied practice, including Obstetrics, Pediatrics, and in-patient care with an emphasis on health maintenance, patient education, and primary care research. Position is 60 percent clinical, 40 percent teaching. Bilingual English-Spanish helpful. Contact Ardeth Bier, Fresno County Dept of Health, PO Box 11867, Fresno, CA 93775; (209) 445-3353.

URGENT CARE PHYSICIAN. Full- or part-time position available for northern California urgent care clinic. Contact David Lyons, MD, 900 Oro Dam Blvd, Oroville, CA 95991; (916) 534-9183.

GASTROENTEROLOGIST — SAN DIEGO. Thriving multispecialty private practice group seeks Gastroenterologist. The practice offers excellent opportunity to enjoy growing group, see private and managed care patients and build stable future. Compensation includes guarantee plus incentives and benefits. Please send CV to Miriam Stephens Drake, 1450 Frazee Rd, Ste 605-1, San Diego, CA 92108; or call (619) 295-0599.

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An expanding 65 physician multispecialty fee-for-service group seeks BC/BE physicians in the following specialties:

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 PEDIATRICS
 FAMILY PRACTICE—permanent,
 part-time, locum tenens

GASTROENTEROLOGY
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 GENERAL SURGERY
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Attractive benefit package includes competitive salary leading to early shareholder status.

CONTACT: Colleen Mooney, Recruitment Coordinator
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PHYSICIANS WANTED



PUBLIC HEALTH PHYSICIAN

The City of Long Beach is currently accepting applications for the position of Public Health Physician. The successful candidate will be responsible for supervising and coordinating the Health and Human Services Department's delivery of Communicable Disease and Preventive Medical Services, supervising and coordinating professional activities within the department, and contracts with physicians to provide disease control and community health services. The salary range is \$2,625 to \$9,450 monthly. Appointment will likely be made at \$5,500 to \$6,420 per month. Starting salary dependent upon qualified training and experience. To apply: possession of a valid physician's surgeon's certificate issued by the California Board of Medical Quality Assurance. Certification or eligibility for certification in one of the medical specialties recognized by an American Specialty Board OR three years of experience as a physician in a public health agency (possession of a Master's degree in Public Health or a closely related field may be substituted for two years of public health agency experience). For more information contact:

City of Long Beach
 Civil Service Commission
 333 W. Ocean Blvd, 7th Floor
 Long Beach, CA 90802
 (213) 590-6202

AA/EOE

SAN FRANCISCO BAY AREA. BE/BC Internist. We currently are seeking highly qualified Internists and subspecialists to complement our energetic Internal Medicine team. Department members provide a full range of medical services for a population of over 200,000 prepaid Health Plan members. Recently renovated and expanded medical center facilities are within convenient commuting distance to virtually any bay area city and the extensive cultural and recreational activities of northern California. As part of our large, multispecialty group practice, you would enjoy an excellent salary, generous fringe benefits, a flexible schedule, and the opportunity for academic affiliation with prestigious local institutions. Send CV to Winslow Wong, MD, Attn: Administration, Kaiser Permanente Medical Center, 27400 Hesperian Blvd, Hayward, CA 94545. EOE.

SACRAMENTO KAISER PERMANENTE. BC/BE Family Practitioners needed to join large group of Family Practitioners providing ambulatory and in-patient care in a large prepaid health plan. Excellent working environment with strong specialty support. Outstanding financial package. Sacramento is a growing metropolitan area with good schools and recreational activities. Close to San Francisco and Lake Tahoe. If interested, please contact Stuart Hahn, MD, The Permanente Medical Group, Inc, 3240 Arden Way, Sacramento, CA 95825; or call (916) 973-5546. EOE.

PHYSICIAN OPPORTUNITIES NATIONWIDE

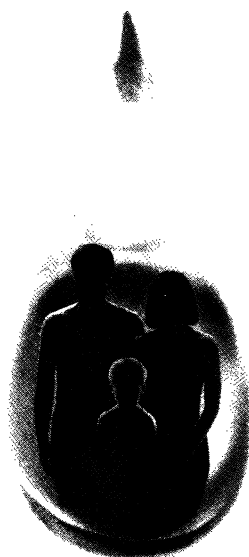
For all specialties for hospitals, clinics, multispecialty groups, partnership and solos. Contact Jim Grant in complete confidence at the bay area specialists, Nugent & Grant, Inc, 1400 Coleman, Ste B-22, Santa Clara, CA 95050; or call (800) 727-2478, FAX # (408) 727-7390. Never a fee to the physician.

(Continued on Page 332)

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Humulin[®] 70/30
70% human insulin isophane suspension
30% human insulin injection
(recombinant DNA origin)



With Human Insulin



Humulin[®] 
human insulin
(recombinant DNA origin)

*Any change of insulin should
be made cautiously and only
under medical supervision.*



Leadership
In Diabetes Care

(Continued from Page 330)

R2, R3 POSITIONS, INTERNAL MEDICINE, LDS HOSPITAL, SALT LAKE CITY, UTAH

An additional R2 position and R3 position are now open in the Internal Medicine Residency Program at LDS Hospital. LDS Hospital is a 520-bed fully accredited teaching hospital affiliated with the University of Utah Medical Center. This is an excellent opportunity for talented individuals to experience a high quality Internal Medicine program in beautiful Salt Lake City, Utah. Positions available July 1, 1990. Write or contact Shauna Bruun, House Staff Coordinator, LDS Hospital, Eighth Ave and C St, Salt Lake City, UT 84143; (801) 321-1077. Equal Opportunity Employer.

**CITY OF LOS ANGELES
PHYSICIAN I
\$6,446 PER MONTH**

Staff physician to care for city employees. Duties include pre-placement evaluations, environmental surveillance exams, and treatment of injured employees. Good knowledge of ambulatory adult medicine is essential. Pay bonus for BE/BC. Full- and part-time opportunities. Forward résumés to: **Dr Goldberg; 1401 W. Sixth St, Los Angeles, CA 90017; or call (213) 485-4641.**
An EEO/AA Employer

GENERAL INTERNIST, BC/BE, needed for a position with suburban satellite clinic of a Seattle area, multispecialty group practice. Diverse patient population includes managed care, fee-for-service, retired and active military. Competitive salary and excellent benefits. Contact Mary Anderson, Pacific Medical Center, 1200 12th Ave S., Seattle, WA 98144; (206) 326-4111.

GENERAL INTERNIST. Steinbeck country, BC/BE General Internist to join dynamic group; includes hospital care, shared call. Spanish helpful. Many visiting consultants, good guarantee with chance for early partnership. Many fringes. One hour to Monterey, three hours to San Francisco. Call or write Helen Poole, 210 Canal St, King City, CA 93930; (408) 385-5471.

URGENT CARE/PRIMARY CARE PHYSICIANS for over 90 positions available with various physician groups in Phoenix metropolitan/Tucson, Arizona. Excellent compensation and partnership opportunities. Contact Mitch Young, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

PUGET SOUND. BC/BE Family Practitioner needed to join three other well established young Family Practitioners in successful half-time practice 30 minutes from Seattle. Strong Family Practice community. Excellent consultant relationships. Obstetrics optional, but preferred. Beautiful area with ample recreational and cultural opportunities. Contact Dan Goodman, MD, 1111 Pacific Ave, Everett, WA 98201; (206) 259-7255.

NORTHERN CALIFORNIA—SAN FRANCISCO BAY AREA. Leading HMO is seeking BC/BE physician to staff a busy urban, full-service Emergency Department with the possibility of administrative advancement. Kaiser Permanente is a large pre-paid HMO offering competitive salary, job security, shareholder status, and generous benefits including health care, life insurance, disability insurance, sick leave, mortgage assistance, and educational leave. Please address all inquiries to David Witt, MD, Emergency Dept, Kaiser Permanente Medical Center, 1200 El Camino Real, South San Francisco, CA 94080-3299; or call (415) 742-2516. EOE.

CALIFORNIA

Primary Care Physicians and Radiologists needed to work as *locum tenens* statewide. High salary, paid malpractice. Work whenever and wherever you wish. Permanent placements as well. **Western Physicians Registry: Northern California, contact Carol Sweig or Jim Ellis, Directors, (415) 673-7676 or (800) 437-7676. Southern California, contact Tracy Zweig, Director, (818) 999-1050 or (800) 635-3175.**

ARIZONA. Established Emergency Medicine group has immediate openings for full- or part-time BC/BE physicians seeking career opportunity in busy Emergency Department with excellent location and case mix. Flexible schedules, excellent living and working conditions. Compensation range \$150K to \$200K for full-time. Send CV in confidence to General Manager, PO Box 80412, Phoenix, AZ 85060-0412.

FAMILY PRACTITIONER. Steinbeck country, BC/BE Family Practitioner to join dynamic group; includes hospital care, shared call. Spanish helpful. Many visiting consultants, good guarantee with chance for early partnership. Many fringes. One hour to Monterey, three hours to San Francisco. Call or write Helen Poole, 210 Canal St, King City, CA 93930; (408) 385-5471.

CALIFORNIA—NORTH SAN FRANCISCO BAY AREA. Excellent opportunity for BC/BE Family Practitioner to join our growing department in Fairfield. Multispecialty clinic emphasizing personalized care. Full hospital privileges including ICU/CCU, but no Obstetrics. Very favorable call schedule. Prepaid HMO practice provides excellent salary, benefits. Forward CV to Steven Freedman, MD, Kaiser Permanente, 1650 Gateway Blvd, Fairfield, CA 94533; (707) 427-4260. EOE.

FAMILY PRACTICE PHYSICIAN. Full-time in a busy walk-in medical clinic. Located in Visalia, California (Tulare County). Malpractice insurance, good salary, etc. Please call (209) 627-5555 for more information.

SAN DIEGO. Well established multispecialty group composed of Family Physicians, General Internists, OB/GYNs, Pediatricians, General Surgeons, ENT, and Ophthalmologist is expanding. Those interested in joining a vital private practice group, with emphasis in primary care and seeing fee-for-service and managed care patients, are welcome to send CV to Miriam Stephens Drake, 1450 Frazee Rd, Ste 605-1, San Diego, CA 92108; (619) 295-0599.

**PHYSICIAN ADMINISTRATOR
Southern California**

CIGNA Healthplans of California—a staff model HMO committed to providing innovative, quality health care to 400,000 members in southern California—is seeking a Primary Care Physician to assume the challenging responsibilities of Physician Administrator at one of our 30 health care centers.

You will maintain an active clinical practice with a proportion of time dedicated to leadership and management of physician and support staff. Qualifications must include Board Certification in a clinical specialty and prior management experience. Excellent compensation and benefit package, including bonus plan.

Call collect or send CV in confidence to:

**Robert Harrington, MD
Professional Recruitment Dept
CIGNA Healthplans of California
505 N. Brand Blvd, Ste 400-49
Glendale, CA 91203
(818) 500-6570**

An Equal Opportunity Employer

EUGENE CLINIC, EUGENE, OREGON

Dynamic 55 physician multispecialty group with seven locations seeks BC/BE physicians in the following specialties: Family Practice, Geriatrics, Occupational Medicine, Orthopedics, Psychiatry, Urgency Care, Urology. Eugene, attractive university town within 60 mile radius of Cascade Mountains and Oregon coast, offers superlative life-style, fine school system, active and varied cultural opportunities, and unlimited recreation. Qualified candidates send CV and three letters of reference to:

**Physician Recruiter
1162 Willamette St
Eugene, OR 97401**

**OCCUPATIONAL MEDICINE
PHYSICIAN**

Sandia National Laboratories is a research and development laboratory employing 8,500 individuals. The medical department provides a wide variety of services to these employees including occupational health care, emergency care, and health promotion activities. The department is seeking two full-time physicians BE/BC in Preventive Medicine or primary care specialty. Experience in occupational medicine setting desirable. Salary commensurate with experience and includes competitive fringe benefit package. Interested physicians should send résumé and three professional references to:

**Shannon Lytle, Staff Recruiting Coordinator
Division 3531-26
Sandia National Laboratories
PO Box 5800, Albuquerque, NM 87185**

NORTHRIDGE OUTSTANDING OPPORTUNITY for Internist with/without subspecialty in San Fernando Valley area of Los Angeles. Very large mixed subspecialty consultative practice in Hematology/Oncology and Internal Medicine. Fee-for-service, PPO, and HMO patient base in small group private practice. Teaching encouraged. Association with possibility of partnership. Available March 1990. Call Lorna, (818) 886-8550.

SOUTHERN CALIFORNIA. 39,000 visit Emergency Department in new hospital in San Bernardino. Base station and separate fast track with opportunity to teach. Opening for director and career Emergency Physicians at \$90 per hour. Chance to join prestigious, democratic, academically oriented emergency group with excellent benefits. Contact Art Wong, MD, FACEP, Emergency Physicians Medical Group, 120 Montgomery St, San Francisco, CA 94104; (415) 989-1242.

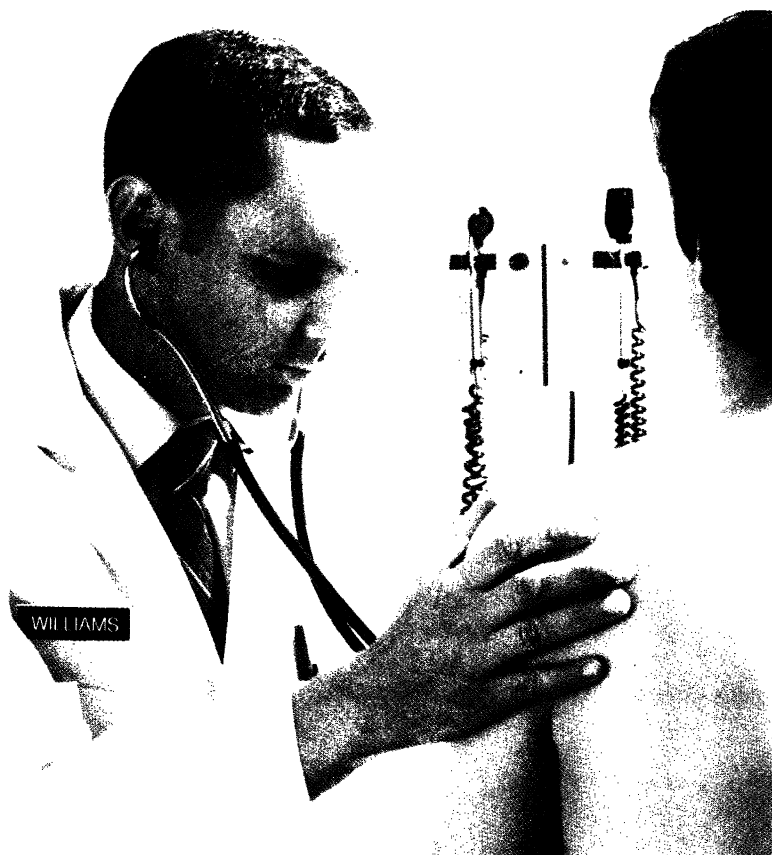
PRIMARY CARE, GENERAL INTERNIST OR FAMILY PRACTITIONER BC/BE to join established Internist in satellite clinic 10 miles from main clinic across state line in Oregon. Main clinic is an expanding 31 physician multispecialty group. Guaranteed income plus excellent benefits. Send CV to Connie Goude, 55 W Tietan, Walla Walla, WA 99362.

RADIOLOGIST—SAN FRANCISCO. Opening for BC Diagnostic Radiologist at Mount Zion Hospital in San Francisco. MR, angiography, CT, ultrasound, general diagnosis. Please contact P. Brodey, MD, 1600 Divisadero St, San Francisco, CA 94115; (415) 885-7466.

LONG BEACH—INTERNAL MEDICINE. BC/BE Internist to join four other Internists in busy primary care practice. Excellent office, lab, x-ray, and support services. Excellent benefits. Send CV to Number 190, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

SOUTHERN CALIFORNIA. Unusual opportunity to take over established orthopedic (medical-legal) practices in east Los Angeles County and/or Orange County. Negotiable terms. (714) 734-3048 or reply to G. Rothman, 417 Associated Rd, A-255, Brea, CA 92621.

(Continued on Page 334)



STEVEN C. WILLIAMS, M.D.

Center Medical Director, Health America Corporation,
Pittsburgh, Pennsylvania

Captain, U.S. Army Reserve
11th Special Forces Unit, Youngstown, Ohio

EDUCATION University of Connecticut, B.A. with
Honors in Biology, Magna Cum Laude
University of Connecticut School of Medicine, M.D.

RESIDENCY Montefiore Hospital, University of Pittsburgh,
(Internal Medicine)

OUTSTANDING ACHIEVEMENTS Award for
Meritorious Research, University of Connecticut School of
Medicine; U.S. Peace Corps Volunteer District Medical Officer,
Malawi, Africa; Board of Trustees, First Unitarian Church of
Pittsburgh; Secretary, Pittsburgh Area Returned Peace Corps
Volunteers' Association; Airborne Qualified.

“My assignment in a Special Forces unit provides an exciting complement to my civilian practice. I’ve taken courses in rappelling, self-defense, and just completed Airborne School at Fort Benning, Georgia.

“Most of my colleagues think I’m crazy for wanting to jump out of an airplane, but completing the course has given me a great sense of accomplishment.

“Of course, the Army Reserve offers many other interesting opportunities. For instance, the Combat Casualty Care Course is one of the best trauma courses you’ll find anywhere, civilian or military.

“The Army Reserve offers flexible scheduling for physicians. As part of my Reserve duty I might attend a civilian medical conference, teach, or do research.

“And I can choose short-term assignments in one of a variety of locations. I might have the opportunity to go abroad or work at any number of excellent medical centers such as Walter Reed.//

If you would like more information about specific programs, such as the highly flexible augmentation program that Dr. Williams is in, call 1-800-USA-ARMY.



Airborne training exercise U.S. Army Airborne School

**ARMY RESERVE MEDICINE.
BE ALL YOU CAN BE.®**

(Continued from Page 332)

PHYSICIANS WANTED

IMMEDIATE OPENING. University affiliated ambulatory center. Full-time position available immediately in San Bernardino/Riverside, California. Competitive basic salary guarantee plus attractive fringe benefits. Contact Daniel Injo, MD, 22182 Barton Rd, Grand Terrace, CA 92324; (714) 370-1300.

SACRAMENTO. Internal Medicine or Family Practice. BC/BE with experience/training in Addiction Medicine. ASAM welcome. Kaiser Permanente has approximately 360,000 members in the Sacramento area. Active outpatient chemical dependency program. Hospital care for detox. No rehab. Dual diagnosis is handled by ourselves and psychiatry. At least 50 percent of time in addiction medicine with opportunity to evolve to full-time. Very attractive salary and full benefit package. Available in three months. Please contact David C. Meek, MD, Sub-chief, Alcohol and Drug Program, The Permanente Medical Group, Inc, 2025 Morse Ave, Sacramento, CA 95825; or call (916) 978-1495. EOE.



KAISER PERMANENTE

Good People. Good Medicine.

NORTHERN CALIFORNIA

Several positions available for Family Practice, Internal Medicine, and most medical subspecialties. We are a young, aggressive group in a well known prepaid group practice HMO organization with excellent benefits and a very reasonable call schedule. You will have a rewarding practice opportunity with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, The Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

OB DIRECTOR for a Family Practice residency program. Duties include teaching, performing cesarean sections and gynecological surgery. Some private patients. Salary of \$120,000 a year plus malpractice insurance and bonus. Send CV to Ed Hughell, MD, Residency Director, 315 E. 13th St, Merced, CA 95340; or call (209) 385-7171.

VACANCY. GENERALIST at Las Vegas Medical Center. Staff physician to provide medical care of ICF and psychiatric patients. 40 hour week flex-time, with extra pay for night and weekend call. Pleasant surroundings conducive to outdoor recreation. Excellent way to unwind after a life of strenuous private practice with rising insurance costs. Local university for any continuing education. Excellent fringe benefits. Contact Medical Director at (505) 454-2422, or Las Vegas Medical Center, Box 1388, Las Vegas, NV 87701.

FULL-TIME TRAVEL REQUIRED (one year minimum). Health research organization needs physicians for National Health and Nutrition Examination Survey sponsored by the US Public Health Service. Individuals will be part of a large medical team conducting health examinations in government examination centers traveling to 88 areas of the US through 1993. Physicians must be licensed in one state and specialized in Internal or Family Medicine. Competitive salaries, paid malpractice, per diem, car, four weeks paid vacation per year, holidays, and health, life, dental, disability insurance offered. Call Beverly Geline at (800) 937-8281, ext 8248. Westat, Inc, Rockville, Maryland. EOE/M/F/V/H.

PHYSICIANS WANTED



OREGON/SOUTHWEST WASHINGTON

Excellent opportunities available for BC/BE Family Physicians in Oregon and southwest Washington. Openings available in the Portland/Vancouver area (full-time and half-time); Longview, Washington; and Salem, Oregon. Group provides a full range of professional services to 20,000 to 380,000 Kaiser Permanente members depending on location. Excellent salary/benefits; senior physician standing after two years; sabbatical; paid liability coverage.

Forward CV and inquiry to

**Regional Medical Director
Northwest Permanente
3600 N. Interstate Ave
Portland, OR 97227.**

UTILIZATION REVIEW POSITIONS

Cost Care, the nation's leading independent utilization management company, is seeking BC physicians to staff the medical services department. These part-time positions will include intensive training in all aspects of health care cost containment including pre-certification, home health care and case management. Prior Utilization Review experience is a plus, but not mandatory.

If you are seeking new skills in the changing health care marketplace, please submit your CV to:

**Alan R. Greenfield, MD, MBA
Vice President
Medical Services
COST CARE, Inc
17011 Beach Blvd, Ste 400
Huntington Beach, CA 92647**

WASHINGTON. BC/BE General Internists to join expanding 32 physician multispecialty group located in the foothills of the Blue Mountains. Excellent schools, cultural, and recreational opportunities. One junior college and two four-year colleges are located in the community. Guaranteed income with excellent benefit program. Send CV to Connie Goude, 55 W. Tietan, Walla Walla, WA 99362.

ARIZONA—GENERAL INTERNISTS. US trained, BC/BE to join busy growing private three MD practice. Excellent salary and benefits package. Reply to Number 191, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

SAN JOSE, CALIFORNIA. Urgent Care. Positions currently available for experienced physicians to provide primary care services at hospital based Urgent Care Center in San Jose. Minimum guarantee of \$100,000 plus annual for 42 hour work week with one month vacation and paid malpractice. No night call. Please contact Nanette Peter at AEP, (408) 293-8881.

PHYSICIANS WANTED

ORTHOPEDIC SURGEON. Orthopedic Surgeon for busy orthopedic service in 230-bed teaching hospital with residencies in General Surgery, Internal Medicine, OB/GYN, and Family Practice. Should be BC/BE. Experience in Arthroscopy preferred. Salary and compensation plan negotiable depending on experience. Hospital located in beautiful northern San Joaquin Valley close to major cities and skiing areas. Submit CV and references or contact Kenneth Young, MD, Chief of Orthopedics, San Joaquin General Hospital, PO Box 1020, Stockton, CA 95201; (209) 468-6611. AA/EOE.

CALIFORNIA. Fellowship in Ambulatory Pediatrics available January, 1990. Active clinical service in major medical teaching center with over 70,000 outpatient visits per year. Opportunity for clinical, teaching, administration, and research training. Contact Laura Wachsmann, MD, LAC/USC Medical Center, Pediatric Pavilion, 1129 N. State St, Rm 1D37, Los Angeles, CA 90033; (213) 226-3624.

NORTHERN CALIFORNIA

Three residency-trained BC Family Practitioners seek a fourth who is a BE/BC to join them immediately in their community health center practice. Located on the eastern slopes of the Sierras in north-eastern California. Practice entails a full scope of Family Practice including Obstetrics. Full hospital privileges. Excellent opportunity for recreation in local mountains including fishing, hiking, bicycling, camping, waterskiing, windsurfing, sailing, and in the winter both downhill and cross-country skiing. Includes a complete benefit package: malpractice coverage, health insurance, vacation, CME, etc. Salary commensurate with experience. Staff includes two family nurse practitioners, one physician assistant, family therapist, registered dietitian, two health educators, and two prenatal instructors. Teaching opportunities available. If interested, send CV to NRHC, Inc, 1306 Riverside Dr, Susanville, CA 96130, Attn: Paul W. Holmes, MD, Medical Director; or call (916) 257-5563.

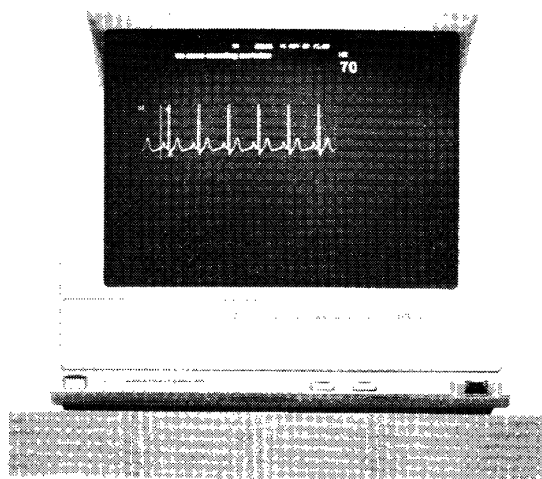
PRIMARY CARE PHYSICIAN. Rainier School, Washington state's largest residential care facility for the developmentally disabled adults is seeking an Internist or a physician. Excellent insurance and leave benefits. Salary negotiable up to \$68K (Internist) or \$62K (physician). Contact Dr Ruvalcaba, Clinical Director, Rainier School, PO Box 600, Buckley, WA 98321; or call (206) 829-1111, ext 494.

NORTHERN CALIFORNIA—SACRAMENTO. Leading HMO is seeking a BC/BE inpatient and outpatient Family Practitioner. Inpatient responsibility extends to physicians' individual practice only. Emphasis on Internal Medicine, Gynecology, and Orthopedics. No OB, limited Pediatrics. Must work outpatient clinic one night per week and one weekend day per month. We offer many benefits including malpractice insurance, medical, dental, and group life insurance, vacation, sick, and educational leave, excellent retirement benefits, and special arrangements for physicians transferring from established practice. For more information, please send CV to Dr J. Berger, Kaiser Permanente Medical Center, 6600 Bruceville Rd, Sacramento, CA 95823. EOE.

EXCEPTIONAL GROUP PRACTICE OPPORTUNITY for an Internist to join two other Internists. Located in southeastern Utah in the city of Price, near scenic national parks, great skiing, and other outdoor recreation. Excellent educational facilities including a junior college. Primary service area is approximately 30,000 people. Contact Tad Morley, Castlevue Hospital, 300 N. Hospital Dr, Price, UT 84501; (801) 637-4800.

(Continued on Page 336)

CNA's financial stability can be vital to the health of your practice.



The stability of an insurance company depends largely on its financial strength. This is important to you because it's a good indicator of future performance—whether the company will be around to protect you from claims down the road.

The CNA Insurance Companies* have earned an A-rating for financial strength from the A.M. Best Company. This measure of excellence is a reflection of our management strength and our ability to meet obligations now and in the future.

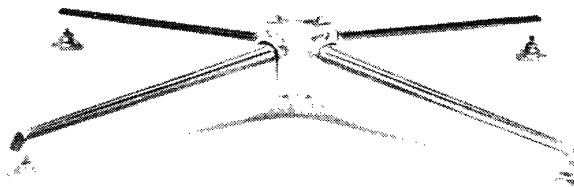
Another good indicator

of the future is past performance. CNA has been protecting doctors against malpractice claims for more than 20 years. We understand the special risks individual physicians and group practices face. Your personal assets could be at risk right along with the assets of your practice, and we can tailor coverages to meet your exact needs.

For more information, contact your local agent or:

Professional Insurance Corporation
4th and Vine Bldg.-Suite 200
Seattle, WA 98121
(206) 441-7960

**CNA: YOUR PARTNER
IN MEDICAL MALPRACTICE
PROTECTION**



(Continued from Page 334)

PHYSICIANS WANTED

CALIFORNIA—NORTHERN. Area's leading private practice group has immediate and future positions for BC/BE Family Practice and Primary Care Physicians in its Department of Ambulatory Care and General Medicine. Excellent compensation, incentive program, full benefits, early equity position, retirement plan. Experience lifestyle and professional fulfillment in beautiful northern California. Call Maureen Forrester: (408) 282-7833. Send CV to San Jose Medical Group, Inc, 45 S. 17th St, San Jose, CA 95112.

PHOENIX AREA. Behavioral Health Program seeking additional adult psychiatrist. Center provides child through adult inpatient, outpatient and partial hospitalization, adult and adolescent CD. Fee-for-service with shared call, or association with existing staff are options. Hospital provides competitive financial support. For more information, call Greg Peterson, E. G. Todd Associates, at (800) 776-7330, or collect (913) 341-7806.

PRIVATE MEDICAL GROUP

seeks retina specialist for full-time office and surgical practice. BE, California license, training in retinal surgery, bilingual in English and Spanish. \$65,000 per year. Send résumé to **San Diego Surgeons Medical Group, 480 Fourth Ave, Ste 307, Chula Vista, CA 92010.**

THE UNIVERSITY OF ARIZONA. Department of Internal Medicine, Section of Hematology/Oncology and The Arizona Cancer Center. Faculty Position. Director, Minorities Cancer Control Activities and Clinical Instructor, Internal Medicine. Applications are invited for a faculty position as clinical instructor in Internal Medicine (Medical Oncology) and administrative responsibility to develop cancer prevention and control research activities in the Hispanic community in Arizona. Experience in development of research grants would be of definite value.

Candidates for this position must be BE in Medical Oncology, have teaching experience in both prevention and treatment in clinical trials research, and a strong and proven commitment to teaching and academic medicine. Additionally, the candidate must be fluent in both Spanish and English as the position requires knowledge and understanding of the special needs of the Hispanic community and the ability to develop a program that can satisfy these needs. The candidate must have adequate experience in public health, knowledge, understanding, and ability to work with the Mexican Health System, and a strong commitment to developing clinical and prevention trials specific to the Hispanic community, as well as some experience in the development and funding of such trials. The successful candidate will be expected to have an excellent ability to work and communicate bilingually with patients at the Arizona Cancer Center and in the community. The position will be supported primarily by competitive research grants in cancer prevention and control awarded to the Cancer Center. The successful applicant will be housed in the newly completed Arizona Cancer Center facility at the University of Arizona. Salary: \$40,000 per year.

Applicants should provide a CV, two copies of recent representative publications, and a detailed description of research goals as well as documentation of proficiency in the Spanish language and experience with Mexican health systems. The applicant should also arrange for three letters of recommendation to be sent directly to us. Applicants should respond by April 1, 1990. The University of Arizona is an Equal Opportunity/Affirmative Action Employer and applications from female and minority group members are strongly encouraged. Submit applications to Sydney E. Salmon, MD, Director, Arizona Cancer Center, Cancer Center Search Committee, Arizona Cancer Center, Rm 2912, The University of Arizona College of Medicine, Tucson, AZ 85724.

PHYSICIANS WANTED

HAWAII. Family Practitioner needed for rural underserved area. Full-time position in nonprofit community health clinic. No OB, hospitalizations optional. Desire dedicated person to work in multicultural setting. Contact Alan Chun, MD, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-7081.

BE/BC ORTHOPEDIC SURGEON

Contra Costa County Health Services is seeking an Orthopedic Surgeon to direct patient care and supervise teaching in a family practice residency/community hospital setting in northern California. Salary and benefits negotiable. For information, contact:

**Frank J. Puglisi, Executive Director
Hospital and Clinics
(415) 370-5100**

CALIFORNIA-CENTRAL COAST. Due to continued growth within our multispecialty medical group we have a need for a second OB/GYN specialist. Income based on productivity and commensurate with background/experience. Send CV to Mr Roger Bunch, Arbor Medical Group, 1414 E. Main St, Santa Maria, CA 93454; or call (805) 349-0508.

GENERAL INTERNIST. Multispecialty group located in San Luis Obispo, California, seeks a BC/BE physician. Fringe benefits plus practice costs paid and shareholder status. Submit your CV to Physicians Recruitment, San Luis Medical Clinic, 1235 Osos St, San Luis Obispo, CA 93401.

FAMILY PRACTITIONER. Multispecialty group located in San Luis Obispo, California, seeks a BC/BE physician. Fringe benefits plus practice costs paid and shareholder status. Submit your CV to Physicians Recruitment, San Luis Medical Clinic, 1235 Osos St, San Luis Obispo, CA 93401.

GASTROENTEROLOGIST. BC/BE to join two physician busy GI practice in Phoenix, Arizona. Must be trained in all endoscopic procedures. Excellent opportunity. Send CV to G & E, Ltd, 5040 N. 15th Ave, #308, Phoenix, AZ 85015.

PHYSICIANS,
REGISTERED PHYSICAL
THERAPISTS NEEDED IN
CALIFORNIA AND NEVADA

Currently seeking California and Nevada state licensed BC/BE physicians specializing in Orthopedic Surgery, Neurology, and Internal Medicine to perform Workers' Compensation and personal injury evaluation and treatment in our California and Nevada offices.

We are also seeking a registered physical therapist to oversee all facilities in our company. We offer:

- Full-time or part-time
- Flexible hours
- Guaranteed income
- Possible expense for relocation
- Will provide training
- Excellent growth potential

Contact with CV:

**800 N. Ben Maddox Way
#2225
Visalia, CA 93291
or call (209) 627-8910
(ask for Jack)**

PHYSICIANS WANTED

GROWING, ESTABLISHED (1923)

35 physician multispecialty medical group with four locations in northeast central San Fernando Valley (north section of the Los Angeles City and County) seeks 1990/1991 BC/BE California licensed physicians in the following specialties:

INTERNAL MEDICINE
FAMILY PRACTICE
PEDIATRICS
OB/GYN
GENERAL SURGERY
OPHTHALMOLOGY

Qualified candidates please send CV and references to:

**Mr Donald Abramsky, MBA
Administrator
Facey Medical Group, Inc
11211 Sepulveda Blvd
Mission Hills, CA 91345-1196
(818) 365-9531**

NORTHERN CALIFORNIA. The Permanente Medical Group, Inc, has immediate openings for BC/BE General Internists at the Roseville facility. Kaiser Permanente is a leader in health care, providing quality medical care to a rapidly growing population. We offer a tremendous benefit package and starting salary for career oriented physicians. Roseville is a foothill community located 90 miles from San Francisco and 100 miles from Lake Tahoe and Sierra skiing. University affiliation and teaching appointments are available. Send CV to Tony Cantelmi, MD, The Permanente Medical Group, Inc, 1001 Riverside Blvd, Roseville, CA 95678. EOE.

CALIFORNIA. Seeking BE/BC Pediatricians to staff busy inner city Pediatric emergency room in major teaching center with over 40,000 visits per year. Opportunities for flexible scheduling and various shifts. Full-time or part-time. Contact Dee Hodge III, MD, Dept of Pediatrics, LAC/USC Medical Center, 1129 N. State St, Rm 1D37, Los Angeles, CA 90033; (213) 226-3632.

AMBULATORY CARE. Full-time/part-time openings, northern, southern, and central locations. Competitive salary, strong incentive package, and growth potential. Malpractice paid. Join our partnership of established Emergency Medicine and Ambulatory Care Physicians. Contact Jane Dressler, California Emergency Physicians, 2101 Webster St, Ste 1050, Oakland, CA 94612-3027; (415) 835-7431 or (800) 842-2619.

GIG HARBOR, WASHINGTON—INTERNIST. Excellent opportunities in rapidly growing bedroom community for Tacoma and Seattle. Existing medical complex has 19 different health care professionals. Build to suit or finished space available. Information—Dr Jon H. Kvinsland, 5122 Olympic Dr NW, #A201, Gig Harbor, WA 98335; (206) 851-9171.

CALIFORNIA LICENSED BC RADIOLOGIST for back-up locum tenens, plus potential full-time. Contact I.V. Radiology Medical Group, 1266 Pepper Dr, El Centro, CA 92243; (619) 352-5666 after 6 pm.

PSYCHIATRIST FOR ROCKY MOUNTAIN CITY. An impressive Rocky Mountain community in Montana seeks psychiatrist for well managed mental health clinic. Opportunity to succeed the present medical director exists within the next two to three years. Position includes both patient care and program development. Community population is over 80,000 with two modern hospitals. Liberal financial package offered. For more information call Gwyneth Anderson, (800) 221-4762, or write to E. G. Todd Associates, 535 Fifth Ave, Ste 1100, New York, 10017.

(Continued on Page 337)

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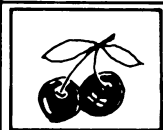
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NORTHERN AND SOUTHERN CALIFORNIA OPPORTUNITIES. We are retained by several hospitals and group practices as far north as the Oregon border, within one hour of San Francisco, Los Angeles, and major central valley cities including Bakersfield and Fresno, and as far south as San Bernardino. Our clients offer outstanding solo, group, hospital based, and HMO practices. Positions are salaried and/or fee-for-service. Typical offers include benefits, CME, and moving expenses. Current needs are for BC/BE Family Practice, Pediatrics, Internal Medicine (all subspecialties), Cardiology, OB/GYN, Orthopedic Surgery, ENT, Urology, and Neurology. Call or send CV to Ken Baker, The Physician Search Group, 120 Montgomery St, Ste 710, San Francisco, CA 94104; (415) 399-8840.

INTERNAL MEDICINE OPPORTUNITY in beautiful resort region of central Oregon. Mountains and lakes surround this small community offering unlimited recreational amenities. World class skiing an hour from town. Strong and growing economy, good schools and low cost of living. Practice in either group or solo setting with full hospital and medical staff support. Competitive income package and excellent potential. Contact Bryan Bassett, Jackson and Coker, 115 Perimeter Center Pl, Ste 380 WJMO, Atlanta GA 30346; 1 (800) 544-1987 or 1 (800) 288-7030.

LIVE AMONG THE REDWOODS. Successful surgeon seeks partner for busy General and Vascular Surgery practice on northern California coastline. 85-bed hospital supportive of practice—will provide guarantee and malpractice. Call Gwyneth Anderson for more details about this ideal opportunity at (800) 221-4762, or collect (212) 599-6200. E. G. Todd Associates, 535 Fifth Ave, Ste 1100, New York, NY 10017.

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INTERNIST FOR NEBRASKA. A growing regional medical center in Nebraska seeks an Internist to complement a group of highly qualified peers. Modern, progressive hospital will purchase equipment as needed. Competitive compensation package includes malpractice. Regional community for recreation, culture, and shopping. Call Gwyneth Anderson at (800) 221-4762. E. G. Todd Associates, 535 Fifth Ave, Ste 1100, New York, NY 10017.

BC/BE NORTHWESTERN CALIFORNIA. OB/GYN needed to join the oldest office in the Redwood area on the North Coast. An excellent opportunity for a male or female, American trained physician. Excellent compensation and incentive program leading to corporate membership in one year. Three physicians in office but only two doing Obstetrics. Send CV and references to T. W. Loring, MD or W. C. Weideman, MD, 2607 Harris St, Eureka, CA 95501; (707) 442-4593.

OCCUPATIONAL/INDUSTRIAL MEDICINE

Rare opportunity for physician—BC in Occupational Medicine—to join **LARGE**, well established Industrial Medicine practice. Seeking dynamic, motivated individual possessing strong clinical skills. Ideal candidate would also enjoy interfacing with employers, insurance companies, and other members of the safety and health care team. Excellent income potential and benefits. Please reply to:

Carol Hewes, Director
1800 Westwind Dr, Ste 401
Bakersfield, CA 93301
(805) 324-8811

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INDUSTRIAL PHYSICIAN

Would you like to live in the Rocky Mountains in an area that is unsurpassed in outdoor recreational opportunities? EG&G Idaho is the prime operating contractor for the U.S. Department of Energy at the Idaho National Engineering Laboratory. We are located in the vicinity of Sun Valley, Jackson Hole and the Yellowstone & Teton National Parks.

POSITION: MD or DO with a strong background in general, internal, or emergency medicine. Responsibilities will include physical examinations and medical certifications, emergency treatment of occupational and non-occupational injuries, fitness for duty evaluations and health counseling. Opportunity for career development in occupational and preventive medicine.

QUALIFICATIONS: Board Certification or Board Eligibility in Occupational Medicine, Family Practice, Internal Medicine, or Emergency Medicine is desirable. Must have current license and be eligible to become licensed in the State of Idaho.

COMPENSATION: Forty hour week with generous benefits and compensation package.

If interested and qualified, please send C.V. and salary requirements to: **Employment Services, (PSW-22), EG&G Idaho, Inc., P.O. Box 1625, Idaho Falls, Idaho 83415.** We are an equal opportunity employer. M/F/H/V. **Minority candidates are encouraged to apply.** U.S. citizenship required.



BC/BE INTERNIST NEEDED. Opportunity to join part of a comprehensive medical group practice located in the suburbs of San Francisco. Professional setting of 36 physicians. Forward CV to Peter Earley, Physician Relations, Ross Valley Medical Group, 2200 Larkspur Landing Circle, Ste 103, Larkspur, CA 94939.

OB/GYN. MD BE/BC NEEDED in northern California. Opportunity to join part of a comprehensive medical group practice. Professional setting of 36 physicians. Beautiful suburb of San Francisco. Forward CV to Peter Earley, Physician Relations, Ross Valley Medical Group, 2200 Larkspur Landing Circle, Ste 103, Larkspur, CA 94939.

INTERNISTS—SOUTHERN CALIFORNIA. Forensic Medical Company looking for MD who is bright, creative, and able to assimilate facts into medical reports. Primarily Workers' Compensation referrals. Part-time initially. Send CV to D. Salrin, 3600 Wilshire Blvd, Ste 1908, Los Angeles, CA 90010; (213) 384-8200.

SAN FRANCISCO BAY AREA multispecialty group seeks Pediatrician BC/BE, to join 26 congenital men and women delivering quality care in a combined fee-for-service, HMO/PPO setting. Bay Valley Medical Group, Attn: Daniel Rowe, MD, 27212 Calaroga Ave, Hayward, CA 94545; (415) 785-5000.

GERIATRIC MEDICINE. Unique practice opportunity in hospital-based comprehensive geriatric care center. Patient care with excellent opportunities for teaching and research. Guaranteed income. Reply with CV to Alan Lazaroff, MD, Senior Citizen's Health Center, 601 E. 19th Ave, Denver, CO 80203; (303) 869-2269.

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PRACTICES AVAILABLE

FAMILY PRACTICE. San Diego East County. Gross over \$300,000. Beautifully decorated and well equipped. Practice Consultants, (619) 528-2321.

FOR SALE. Established, busy Urology practice in southwestern New Mexico. No investment required. Excellent year 'round climate and outdoor recreational opportunities. Call collect, Pierson Deming, MD, (505) 388-1561 (office) or (505) 388-4557 (home); or call Steve Jacobson, Administrator, Gila Regional Medical Center, (505) 388-1591.

PSYCHIATRY PRIVATE PRACTICE. San Diego desirable area, transferrable patient base and referral sources. Considerable capacity for growth. Gross averages \$120,000 on half-time. Contact Practice Consultants, (619) 528-2321, Dr Bernard Press, Broker.

OB/GYN, Beach City. Doctor leaving state. \$400K gross 1989. Asking \$100K. Financing available for qualified buyer. N. Newton, (818) 445-0458.

GENERAL PRACTICE CLINIC FOR SALE. Established 25 years. Supports two physicians, physician assistant. X-ray and pharmacy on premises. Spanish helpful. Large hospitals nearby. California central valley near educational and recreational facilities. Ideal for family living. Reply to Number 189, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

FAMILY PRACTICE. Emphasis on women's health, no Pediatrics or OB. Pleasant patient population, light call. Practice located 45 minutes north of San Francisco, established seven years. Gross \$300,000 with good growth potential. Call (415) 981-7424 after 9:00 pm.

SAN DIEGO COUNTY—Cardiology—Internal—OB/GYN and Pediatric Practices available. Long established—doctors retiring. Various prices and low down payments. Call CBI, San Diego County's professional practice sales specialists; (619) 282-7009.

SOUTHERN CALIFORNIA. Unusual opportunity to take over established orthopedic (medical-legal) practices in east Los Angeles County and/or Orange County. Negotiable terms. (714) 734-3048 or reply to G. Rothman, 417 Associated Rd, A-255, Brea, CA 92621.

INTERNAL MEDICINE—San Diego City, high development area. Gross \$160,000. Low overhead with high net cash flow. Contact Practice Consultants, (619) 528-2321, Dr Bernard Press, Broker.

INTERNAL MEDICINE OR FAMILY PRACTICE. Beautiful Point Loma, San Diego, California. Well established solo Family Practitioner. Will introduce. Reliable call group. Great 250-bed hospital support. (619) 223-1666.

INTERNIST/FAMILY PRACTICE, Whitefish, Montana. \$230,000 per year adult practice/weight clinic. Seven miles from ski resort, 20 miles from Glacier Park. \$65,000 price includes \$50,000 assets. Transition assistance. Women encouraged to apply. (406) 862-2270.

SOUTHERN CALIFORNIA General Practice for sale. High volume practice in fast growing area. Internal Medicine or General/Family Practice. Palm Springs weather, two hours from San Diego. Price and terms negotiable. Reply to Number 192, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

ACTIVE, VERY WELL ESTABLISHED. General and Family Practice (no OB) for sale in San Diego. Excellent mix of private insurance and prepaid plans. Can support one or two doctors. In population dense area with long established clientele. Grossed over \$700,000 each last two years. New computer, phone—intercom system, x-ray processor. Excellently run and managed. Selling due to relocation of MD. Please respond to Number 193, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

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NORTHERN AND CENTRAL CALIFORNIA. Established practice available. Dermatology, Family, Internal Medicine, OB/GYN, Ophthalmology, Pediatrics, Plastic Surgery, and Urology. Reasonable terms and prices. Call/write Bradshaw Associates, 21 Altamont, Orinda, CA 94563; (415) 376-0762, FAX (415) 376-0813.

REGIONAL ORTHOPEDIC PRACTICES. Lucrative orthopedic practices available with several midwestern regional medical centers. Unique opportunities with highly competitive start up compensation packages which include income guarantees, paid malpractice, and moving allowance along with additional desirable benefits. These are modern facilities with excellent peer association and up to date surgical equipment. Several locations available! Call Gwyneth Anderson at (800) 221-4762, or write to E. G. Todd Associates, 535 Fifth Ave, Ste 1100, New York, NY 10017.

LOS GATOS—FAMILY PRACTICE (San Jose Area). Available July 1, 1990. Retiring MD (four Family Practitioners in group). Call Dr G. Bruce, (408) 377-9186.

29 YEARS GENERAL MEDICAL PRACTICE and well equipped office for sale in a suburban, well situated university town of northern California wine country. Retiring July 1990. Reply to Number 194, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

WELL ESTABLISHED GENERAL INTERNIST'S PRACTICE. Excellent coverage and income. Silicon Valley. Physician will retire incrementally. U.S. trained BE/BC only, please. Reply to Number 178, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

BEAUTIFUL NAPA VALLEY, CALIFORNIA. Solo Psychiatric practice. Good clientele. Potential for growth as desired. Physician retiring. Residence available. Call David Lucchesi, (707) 552-3831.

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BC RADIOLOGIST NEEDED—SAN FRANCISCO MR, basic angiography, general diagnosis. Long-term position possible. Contact P. Brodey, MD; (415) 885-7466.

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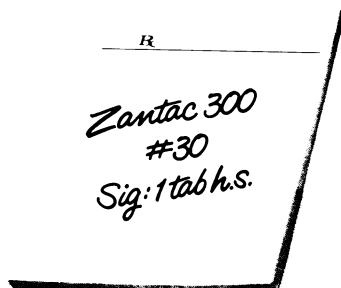
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(Continued on Page 339)

In active duodenal ulcers
**Once-a-night h.s. therapy
 controls acid rain**

Zantac³⁰⁰
 ranitidine HCl/Glaxo 300 mg tablets



ZANTAC[®] 150 Tablets
 (ranitidine hydrochloride)
ZANTAC[®] 300 Tablets
 (ranitidine hydrochloride)

BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in ZANTAC[®] product labeling.

INDICATIONS AND USAGE: ZANTAC[®] is indicated in:

1. Short-term treatment of **active duodenal ulcer**. Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer**. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD)**. Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: ZANTAC[®] is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: General: 1. Symptomatic response to ZANTAC[®] therapy does not preclude the presence of gastric malignancy.

2. Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see **DOSAGE AND ADMINISTRATION**). Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

Laboratory Tests: False-positive tests for urine protein with Multistix[®] may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

Drug Interactions: Although ZANTAC has been reported to bind weakly to cytochrome P-450 in vitro, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/day.

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella*, *E. coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: Teratogenic Effects: Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to ZANTAC. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: ZANTAC is secreted in human milk. Caution should be exercised when ZANTAC is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with oral ZANTAC[®]. The relationship to ZANTAC therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to ZANTAC administration.

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported.

Cardiovascular: Rare reports of tachycardia, bradycardia, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid IV for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Reversible blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. Rare cases of agranulocytosis or of pancytopenia, sometimes with marrow hypoplasia, have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by ZANTAC[®] (ranitidine hydrochloride) and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when ZANTAC has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdose and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC[®] 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg twice a day.

GERD: The current recommended adult oral dosage is 150 mg twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with ZANTAC, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: ZANTAC[®] 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) and unit dose packs of 100 tablets (NDC 0173-0393-47).

ZANTAC[®] 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 100 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

August 1987

Glaxo

Glaxo Inc.
 Research Triangle Park, NC 27709

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CONTROL ACID RAIN

***with once-a-night
h.s. therapy for active
duodenal ulcers***

Zantac300
ranitidine HCl/Glaxo

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See adjacent page for Brief Summary
of Product Information.